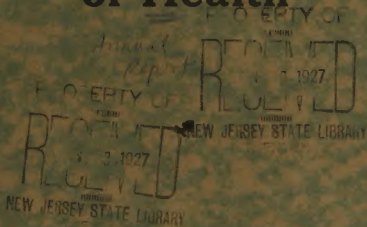


City of Newark, New Jersey

*Forty-first
Annual Report*

OF THE

**Department
of Health**



FOR THE YEAR ENDING DECEMBER 31, 1925



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WITH THE COMPLIMENTS OF THE

DEPARTMENT OF HEALTH
OF NEWARK, N. J.

THIS DEPARTMENT WOULD BE GLAD TO RECEIVE
YOUR PUBLICATIONS IN RETURN

CHARLES V. CRASTER, M.D., D.P.H.
HEALTH OFFICER.

NEWARK—A HEALTHY CITY

(Population July 1, 1925—453,000)

Outstanding Evidences in 1925

Crude Death Rate (5,310 deaths)	11.67 per M
Adjusted Death Rate (4,972 deaths)	10.97 per M
Birth Rate (10,852 births).....	24.00 per M
Infant Mortality (deaths under 1 yr, per 1,000 living births) 68.7	
Typhoid Fever Mortality.....	1.1 per CM (lowest ever)
Tuberculosis Mortality.....	83.4 per CM
Diphtheria Mortality.....	9.3 per CM
Scarlet Fever Mortality.....	2.0 per CM
Smallpox Mortality (Not one death since 1903).	

CONSIDER

"Men may find matter sufficient to busy their heads and employ their hands, with vanity, delight, and satisfaction, if they will not boldly quarrel with their own constitution, and throw away the blessings their hands are filled with, because they are not big enough to grasp everything."

JOHN LOCKE.

TO THE READER

The record for 1925 shows that as successful war is being waged upon age long epidemic diseases resulting in decreasing mortality, there emerge, like dangerous rocks in a receding river current, other hitherto, concealed, causes of death, not epidemic, but still to a large measure preventable—the diseases of middle life. It is evident that the next great step in lowering death rates in cities will depend upon the skill and care taken by men and women in applying the principles of personal hygiene to their own particular needs.

CHARLES V. CRASTER, M.D. D. P. H.

Health Officer, Newark, May 1, 1926.

DEPARTMENT OF HEALTH
[DEPARTMENT OF PUBLIC WORKS]

CITY OF NEWARK

Director.....JOHN F. MURRAY, Jr.
Health Officer.....CHARLES V. CRASTER, M.D. D.P.H.

OFFICES

Headquarters, Plane and William Streets.....Phone 3310 Mitchell
City Dispensary, Plane and William Streets.....Phone 3310 Mitchell
Laboratories (Bacteriological, Pathological and Chemical)
Hospital Building, 116 Fairmount Avenue.....Phone 9300 Market

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EMPLOYEES OF THE DEPARTMENT OF HEALTH

EXECUTIVE DIVISION

CHARLES V. CRASTER, M D D P H	<i>Health Officer</i>
DAVID D CHANDLER (Retired)	<i>Health Officer</i>
WILLIAM J. BUEHLER	<i>Clerk-Bookkeeper</i>
ROBERT F. MORGAN	<i>Clerk-Stenographer</i>
HENRY A. HABIG	<i>Clerk-Stenographer</i>
GRACE O'CONNOR	<i>Clerk-Stenographer</i>
EDNA KNOEDLER	<i>Clerk-Stenographer</i>
MARCELLA DILLON	<i>Telephone Operator</i>
MALCOLM HUNTER	<i>Multigraph Operator</i>
FIBERT S. BAIL	<i>Clerk</i>
CORA B. NATHAN	<i>Clerk</i>
CHARLES A. HARTMAN	<i>Janitor</i>
AUGUST W. JARGOSCH	<i>Janitor</i>
JAMES P. MADDEN	<i>Night Custodian</i>
JOSEPH COLLINS	<i>Chauffeur</i>

SANITARY DIVISION

WILLIAM H. YOUNG	<i>Chief Clerk</i>
ANDREW J. BRADY	<i>Chief Sanitary Inspector</i>

Health Inspectors

CHARLES F. CONRAD	HENRY MACDONALD.
ADOLPH O. ELSASSER	CHARLES E. DIVINE
CHARLES N. McLOUGHLIN	JAMES J. MCCARRON
JOHN A. DONOVAN	EDMUND RYAN
	LEWIS E. BOUTILLIER

Sanitary Inspectors

WILLIAM HOPPER	EDWARD A. CLEARY
HUBERT O'ROURKE	THOMAS P. WALSH
ANTONIO PANZERA	EDWARD GAYNOR
PATRICK J. BROGAN	ROCCO DEL TUFO
JAMES J. WATERS	EDWARD A. SMITH
JAMES WHELAN	CHRISTOPHER C. NUGENT
EDWARD J. FLYNN	JOSEPH F. McCONNELL
HOWARD HUFFERT	THOS. M. McGRATH
PATRICK J. KEATING	JOSEPH F. POWERS
GUSTAVUS E. FREIDMANN	HARRY SHEEHAN
CLARENCE J. PALMER	WILLIAM KEANE
JOHN P. ROGERS	<i>Clerk-Stenographer</i>
ARTHUR VISCIDI	<i>Clerk-Stenographer</i>

PLUMBING DIVISION

CHARLES A. HALLGRING.....*Chief Plumbing Inspector**Plumbing Inspectors*

ANDREW J. MCGOOKIN

JOHN LEVINE

JOHN L. WHEALAN

DANIEL MURPHY

PATRICK J. MONAGHAN

CHARLES MCGOOKIN

RICHARD MARTIN

JANE McNALLY

Clerk

DISINFECTING DIVISION

DR. JOSEPH W. GARDAM.

..Director of Contagious Diseases

IRWIN C. DAKIN

.....Chief Inspector

MARY F. MCGUINNESS

Clerk-Stenographer

GRACE WEHR

*Clerk**Health Inspectors*

GEORGE W. GILMORE

OBADIAH S. COLE

Sanitary Inspectors

RICHARD J. CORBLEY

WILLIAM HOPIER

GEO. A. VAN HOUTEN

CARRET E. ST. JOHN

FREDERICK W. NICHOLS

WILLIAM S. JENNINGS

THOMAS F. NEWTON

JAMES D. NOIAN

LEO G. DUFFY

JOHN J. GREENE

DR. HAROLD H. GOLDBERG

..Clinic Physician

EDITH EVANS

Visiting Nurse

FOOD AND DRUG DIVISION

SAMUEL G. SHARWELL

Chief Inspector

HAILEY M. DURAND

*Chemist**Food and Drug Inspectors*

JOSEPH E. GANN

JOHN C. PROSCH

HENRY F. KNEELAND

CHARLES H. HENNING

ADOLPH E. HOFERIG

HENRY KUHMANN

WILLIAM G. HEILMAN

LEONARD KREITZER

Milk Inspectors

RICHARD JACKSON

DAVID E. MORGAN

CATHERINE E. MAHONEY

..Clerk-Typist

VETERINARY MEAT INSPECTION BUREAU

WERNER RUNGE	Veterinarian
JOHN N. WITTPENN	Veterinarian
DR OTTO R. LEIS	Veterinarian

Meat Inspectors

DANIEL KUHN	HARRY A. BRYDON
CHARLES EDELHAUSER	WILLIAM MEAKLIN
CHARLES ROSENZWEIG	

TUBERCULOSIS DIVISION

M J FINE, M.D.	Director
WILLIAM H. GREEN, M.D.	Clinic Physician
IRVING WILLNER, M.D.	Clinic Physician
JULIUS SOBIN, M.D.	Clinic Physician
LOUIS DAVIS, M.D.	Clinic Physician

Visiting Nurses

EVA PRICE	KATHERINE SCHUBEL
MARTHA I. HUNT	JEANNETTE S. LAWRENCE
CORNELIA WHITEHEAD	FLORENCE E. BECKER
RUTH LAPSLEY	EDYTHE BREIDINGER

MAY WACKENHUTH

KATHLEEN B O'TOOLE	Clerk-Stenographer
--------------------------	--------------------

CHILD HYGIENE DIVISION

JULIUS LEVY, M.D.	Director
ARTHUR J ELLIS, M.D.	Clinic Physician
JOSEPH A. SCHRAMM, M.D.	Clinic Physician
HARRY S SILVER, M.D.	Clinic Physician
CLARENCE S JANIFER, M.D.	Clinic Physician
SIDNEY B RAWITZ, M.D.	Clinic Physician

Visiting Nurses

MABEL M PHILPOT	ROSE LUNDMAN
SARAH LAMBERT	AGNES KEMPSON
FLORENCE F. FREEMAN	HILDA SCHOENHEIT
HELEN C. O'MALLEY	EVE KROON
EDITH C BOYCE	SARA WELSH
LAUREL A. STREIT	LORETTA ELDER
IDA E LONG	ELIZABETH EGBERT
ANNA T. REILLY	MARGARET P. CULLEN
ANNA SCANLON	HAZEL PADDOCK
ROSALIE GROSS	Clerk Stenographer
ROSE CONDURSE	Cleaner and Helper

BUREAU VENEREAL DISEASE CONTROL

DR. H. J. F. WALLHAUSEN	Physician
DR. WILLIAM T. RUMAGE	Physician
EDNA B. W. SMITH	Visiting Nurse
JAMES CENTANNI	Attendant
JACOB F. SCHAEFFER	Attendant
MARY V. BRENNAN	Attendant

DISTRICT PHYSICIANS

DR. WATSON F. L. RODEMANN	DR. WILLIAM T. RUMAGE
DR. THOMAS J. KEELY	DR. MEYER JEDEL
DR. ABRAHAM ROTHSEID	DR. M. J. COFFEY

PAROCHIAL SCHOOL INSPECTION

Nurses

ANNA FULTON	MARY E. CLINTON
FLORENCE M. MAWER	ANNA ROCK
SARAH A. SADLER	ELEANOR FAHY

CITY DISPENSERY

HENRY OLTMAN	Apothecary
ARTHUR F. WARREN	Assistant Apothecary
MELVINA RYAN	Record Nurse
FLORENCE B. SMITH	Visiting Nurse
FREDERICKA HAER	Visiting Nurse
DR. LEO J. McMANUS	Dentist
DR. J. E. H. GUTHRIE	Dentist
NATHAN B. HELLER	Pathologist
PHILIP BAYER	Masseur
CHARLES H. ROSE	Masseur
MARY A. BAYER	Mass. us
LOUISE MILLER	Mass. us
VAN S. HURLBURT	Janitor
ROSE MOORE	Cleaner
MARY B. GRANT	Cleaner

LABORATORY

R. N. CONNOLLY, M. D.	Bacteriologist
THOMAS RIPLEY, M. D.	Assistant Bacteriologist
H. A. TARBELL, M. D.	Assistant Bacteriologist
G. WARD DISBROW, M. D.	Assistant Bacteriologist
H. S. MARTLAND, M. D.	Assistant
THOMAS CROGHAN	Junior Bacteriologist

Sanitary Inspectors (Culture Collectors)

JOHN F. DUNN	WILLIAM J. FOYIE
MARY FUREY	Laboratory Assistant
WILBUR FLOCK	Laboratory Assistant
JOHN BOETSCH	Porter
JOHN GARRABRANT	Stableman

ANNUAL REPORT

OF THE

Health Officer

ANNUAL REPORT
OF THE
Health Officer

*To the Honorable John F. Murray, Jr.,
Director, Dept. of Public Works.*

DEAR SIR: I have the honor to submit to you the report of the Health Department for the year 1925.

Respectfully,

CHARLES V. CRASTER, M.D., D.P.H.,
Health Officer.

THE FORTY-FIRST ANNUAL REPORT
FOR NEWARK

So rapid have been the developments in the control of the various epidemic diseases that the contributing causes of this improvement have been at times overlooked or forgotten. It was observed many years ago that a pure city water supply not only lowered the death rate from Typhoid fever but also that from other causes not seemingly related. Conversely many diseases have been controlled or the death rates lowered by sanitary procedure directed at some other disease prevalence. The sanitary improvement in dairies, the tuberculin testing of cows for raw milk supplies, the pasteurizing of the greater proportion of city milk supplies of today have not only materially had their effect upon the infant mortality rates but also that from tuberculosis and very probably to a considerable degree the prevalence of scarlet fever, a disease formerly

transmitted very generally by infected milk. Similarly the use of diphtheria antitoxin will have its effect in the lessening of damage to important organs, thus reducing the fatality from some middle-life diseases.

SOCIAL LIFE AFFECTING DISEASES

It has been shown that sickness and death are affected to a considerable degree by the social status of the community. Where there exists high wages, moderate hours of labor and good factory hygiene, the worker is freest from widespread epidemics, or if affected, does not suffer to the same degree as where want and destitution are present. Many difficulties of disease control are social ones, requiring more and more, the application of trained knowledge of family problems.

Health officials are being asked to undertake to an increasing degree, responsibilities for social service. Some enterprising reformers go so far as to encourage city health departments to enter nothing but such activities and in all other respects make the health office a switchboard office or one which steers into other municipal channels, sanitary work which was formerly considered a basic and elementary duty of our predecessors. It thus comes about that many of our older administrative functions are being permeated by these new social trends so that the health administrator may be forgiven if he feels that the old ideals are becoming somewhat dimmed and that new and unfamiliar signs are being seen upon the crossroads.

SOCIAL ACTIVITIES AND CO-OPERATION

With the increasing spread of knowledge and education upon health matters, however, health departments must be prepared to shoulder new burdens of responsibility, not only in the prevention of disease but in the maintenance

of health. Two new activities of this type for instance is the legal enforcement of proper heating in apartments, tenements, and business premises where there is a legal requirement so to do, and the other is the control of rabies by the enforcement of muzzling and inoculation ordinances. There is an increasing demand also for the extension of health nursing, not only for the average sick person unable to pay for the same but also for those sufferers from a contagious disease, including the epidemic diseases of children. There would seem to be also necessity for the efforts made to come in closer contact with other city activities having relationship to health as well as the volunteer agencies which are carrying on great a luncheon of educational and preventive disease work.

HEALTH PROBLEMS AT OUR ELBOWS

How many health problems are at our elbows, sometimes forgotten or even unseen by those who are always on the quiver for something new in health activities. Few health departments feel able to concern themselves with sweat shops, or labor industries, with the sanitary condition of factories, and the proper hygiene of the workers. How little legislation exists permitting health departments to supervise and control the construction of public buildings, theaters, assembly halls and public baths, or to take an active part in city planning or zoning, or the suppression of the sale of quack medicines and misleading advertisements of proprietary articles in the public press. These are types of health activities which are but indifferently covered by existing laws, state or municipal. Few are so conservative as to refuse to welcome sane improvements in health administrative activities or to seek to promote new fields of endeavor by disparaging well tried and sound principles of sanitation and public hygiene.

THE APPRAISAL FORM

In business the inventory serves the useful purpose of indicating what particular line is loading up the shelves and whether it is worth while to continue the stocking of any particular commodity. It is a hopeful sign therefore that health departments should ask for an opportunity of checking up activities by means of the Appraisal Form recently adopted by the American Public Health Association.

DISEASE RECORD FOR 1925

The year 1925 was not marked by any unusual prevalence of epidemic diseases. Changes in the make up of the population do, however, emphasize the fact that new risks from southern states and tropical climates, such as amoebic dysentery, sprue, malaria, etc., for the natives of northern climes. It is shown that increased sickness and deaths from consumption and tuberculosis among the colored members of our community.

The winter 1924-1925 witnessed a considerable outbreak of typhoid fever in New York City and in some of the surrounding municipalities of New Jersey. It was found after a survey that conditions of infection were present where tidal waters heavily infected with sewage were allowed to bubble shellfish beds and water set aside for floating purposes. It is noteworthy, however, that during the time that is now being questioned in New York the typhoid rate of New York was 1.0 and not above the average for this season. The supply of oysters to New York has been, however, under strict supervision for sometime and only supplies of improved oysters were allowed to be shipped into this City.

Part of this oyster supply was subject to a process of elimination and approval of the Health Department

before shipment. While part of this procedure had to do with Newark's escape from infections of course, probably, but at least can free even from the disease which widely prevalent all around us is significant.

One thing is clear, however, as a result of a conference called by the Surgeon General of the U. S. Public Health Service in Washington in February, 1925 that the pollution of swag, in other matters of harbor and coastal waters will have to be solved sooner or later, or shellfish beds within reach of total contamination will have to be abandoned or the shellfish subjected to some form of chlorine sterilization before used as human food.

NEWARK MORTALITY RATE FOR 1925 117 PER 1000

During the year 1925 the usual factors making for a high city rate—cancer were not present in any degree in Newark so that with the exception of the year 1924 and 1921, the mortality rate for our city in that year was one of the lowest in the country. As compared with 1924, however, the rate showed an increase of five tenths of a point per 1000. As the year was not marked by any unusual prevalence of epidemic disease, the increased number of deaths will be found recorded under causes not usually considered preventable.

The total deaths in the city numbered 15,310 or 199 more than in the previous year. This established a crude death rate of 117 per 1000 upon an estimated population of 453,000.

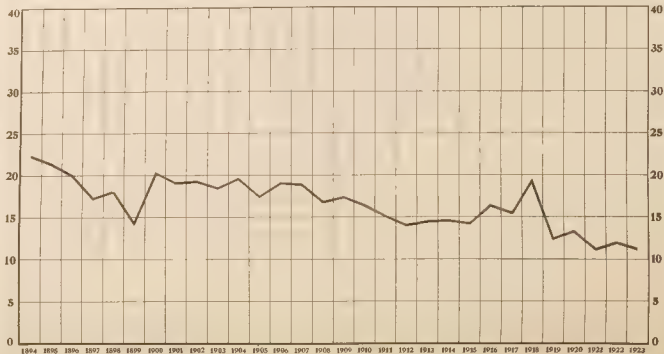
ADJUSTED DEATH RATE

This death rate is the crude death rate usually quoted. Probably the fairest estimate, however, should include all deaths of Newark residents occurring in the outside institutions such as Solihull, Verona sanatoria and exclude all non residents who died in the city. Upon this basis there were 4,792 deaths in Newark this year, giving an adjusted death rate of 10.97. In 1924 this rate was 10.49.

Newark's Annual Death Rates

1924--11.2 1925--11.7

(Rate per 1,000 Population)



The deaths from epidemic causes were reduced during the year, and nearly all heads, the exceptions being those under diphtheria and pneumonia.

The following rates for deaths, births and infant mortality were recorded for the six years 1920 to 1925 per thousand population for births and deaths, and per thousand living births for infant mortality.

Rate	1925	1924	1923	1922	1921	1920
Mortality Rates (Crude).....	11.7	11.2	11.7	12.1	11.2	13.4
Birth Rates	24.0	25.7	25.3	25.4	27.5	28.3
Infant Mortality Rate.....	68.7	65.2	68.0	74.8	71.5	84.7

DECREASED MORTALITY

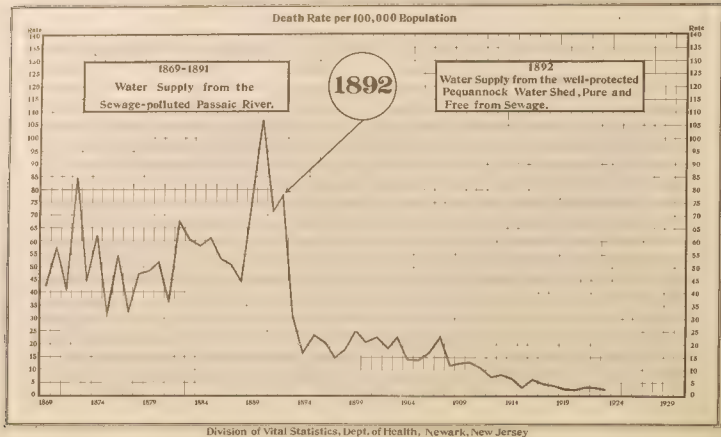
The most striking fact in the decreased mortality for the year is that recorded under epidemic diseases. These were mainly in the respiratory group, including measles, whooping cough and influenza; other lessened contagious disease deaths were under the headings of typhoid fever, scarlet fever and epidemic meningitis.

The following deaths from special causes and rates per 100,000 of population were decreased during 1925 as compared with the previous year.

Causes	Deaths		Rates per 100,000	
	1925	1924	1925	1924
Typhoid Fever	5	11	1.1	2.5
Measles	9	15	2.0	3.4
Scarlet Fever	5	9	1.1	2.0
Whooping Cough	24	34	5.3	7.6
Influenza	13	19	2.9	4.3
Epidemic Meningitis	8	11	1.8	2.2
Tuberculosis of Lungs	335	346	73.9	77.6
Diarrhoea under 5 Yrs	129	132	28.5	29.6
Bright's Disease	343	400	75.7	89.1
Puerperal Diseases	81	86	17.9	19.3
Cirrhosis of Liver	26	41	5.7	9.2

Newark's Water Supply Greatly Reduces Typhoid Fever Menace

1924--2.7 1925--1.1



LOWEST TYPHOID FEVER MORTALITY 1.1

The five deaths from typhoid fever were six less than in the previous year making a rate 1.1 per 100,000 population, the lowest typhoid death rate ever recorded for the city. The deaths were all between 15 and 64 years of age and the sex incidence was four males to one female. The typhoid outbreak which was experienced in New York and the Metropolitan area during the last three months of 1924 and the early months of 1925 supposed to be due to the consumption of infected shellfish, did not affect the City of Newark. The reported cases during 1925 were grouped in the Fall months of August, September and October. With a pure city water supply and a well protected milk and food service as in Newark typhoid fever has become nearly always an imported disease very generally found in vacationists and visitors to shore and country resorts. As these latter places become more concerned in conserving the health and well being of summer visitors by giving them modern sanitary safeguards typhoid fever will rapidly become a rare disease in the cities.

MEASLES CASE FATALITY NEAR VANISHING POINT

The three epidemic diseases of the respiratory group measles, scarlet fever and whooping cough have shown a steadily decreasing mortality within the recent years. The nine deaths during the year from measles is six less than the previous year and represents a rate of 2 per 100,000 of the population. During this period there were 1,950 cases of the disease reported in the city so that the case fatality rate reached the very low figure of four tenths of one per cent. When the fatality rates of measles especially in institutions in former years is recalled sometimes as high as 35 per cent, it is realized how less virulent measles has become today as well as its widespread disease among children. The disease

means very fatal to the very young, eight of the nine deaths being in children under five years.

SCARLET FEVER

The five deaths from scarlet fever recorded during the year represent a mortality from the disease of 1.1 per 100,000 as compared with 2.0 per 100,000 in 1924. The same decrease in fatal results is shown in the case of scarlet fever as in measles.

The number of scarlet fever cases reported during 1924 was 1,128 so that the case fatality of scarlet fever is four tenths of one per cent. The disease is, however, fatal at higher age periods, two of the deaths occurring at ages over five years.

It is probable that the case fatality of scarlet fever is much less even than the one indicated, inasmuch as so many fatal cases are not diagnosed at all or are mistaken for other ailments. The damage done to internal organs, especially the kidneys in scarlet fever even by the very mild attacks still makes it a dangerous disease, and one requiring all the skill and medical care possible to avoid disabling complications.

WHOOPIING COUGH FATAL TO THE VERY YOUNG

The mortality from whooping cough was less during 1925 as compared with the previous year, 5.3 per 100,000 to 7.6 in 1924. The year was, however, one of high prevalence for whooping cough, 2,027 cases being reported, making a case fatality of a little over one per cent. The highly dangerous nature of the disease, however, among very young children is emphasized by the fact that twenty three of the twenty four deaths were under five years of age and thirteen of these occurred in babies under one year. When whooping cough occurs in families it should be the signal

for the immediate removal of all susceptible children especially babies under one year, from contact with the infected child, or the proper isolation of the patient.

The following table shows the death rate from whooping cough as compared with scarlet fever and measles for three consecutive years.

MEASLES, SCARLET FEVER AND WHOOPING COUGH

	Fatality per 100,000		
	1925	1924	1923
Measles	2.0	3.4	9.3
Scarlet Fever	1.1	2.0	1.1
Whooping Cough	5.3	7.6	4.3

INFLUENZA

The downward trend of influenza was manifested again in 1925 the year being one of much lessened prevalence, only thirteen deaths being reported, a rate of 2.9 per 100,000 as compared with 4.3 in 1924 and 16.4 in 1923. The symptoms of influenza are however still so ill defined and transient that they are apt to be obscured by the more acute phases of a terminal pneumonia. Among the thirteen deaths recorded as due to influenza six were under five years of age, and seven between 25 and 64.

RECORD LOW FOR PULMONARY TUBERCULOSIS

The mortality for tuberculosis of the lungs has continued to decrease in the City. The 335 deaths recorded are equivalent to a death rate of 73.9 per 100,000 of population. This is a record low mortality for Newark and would indicate that the community is learning the lesson that Tuberculosis is a curable disease in its early stages, as well as a preventable one if care is taken not to expose those who may be susceptible to an open case, especially the very young child.

TUBERCULOSIS HIGH AMONG THE COLORED

Newark is one of the cities in which the mortality recorded was among the colored 22.36 per population. It has been noticed for some years as the result of clinic observation that a number of colored people come from the south to work in Newark from 1910 to 1920 suffering from tuberculosis in various stages. The total change in the climate and manner of living in the North works to great disadvantage among such people, and is seldom able to resist the inroads of the disease and to adapt to its climatic environment. There is considerable evidence to support the belief that the South was once a healthful place for the colored people, and that the migration of colored people to the North for work which in most such cases amounts to a sentence of death.

DECREASE IN BRIGHT'S DISEASE AND CIRRHOSIS

Among the chronic degenerative diseases which have caused considerable decrease in the mortality rate in this city is Bright's disease 343 in 1925 as compared with 5897 per 100,000 in 1924. A more notable decrease occurred in Cirrhosis of the Liver, the deaths from this cause having been nearly halved, as compared with the previous year, 57 per 100,000 in 1925 to 92 in 1924. These decreases so clearly indicated the result of a temperance in both eating and drinking and would indicate an increased standard of living of the population of Newark. The lessening prevalence of certain epidemic diseases in childhood such as scarlet fever and diphtheria have lately also decreased the number of deaths from Bright's disease or nephritis in middle life. Cirrhosis of the Liver on the other hand is almost entirely a disease of the adult and is a long period of suffering before death ensues. National temperance if continued will probably reduce the incidence of this cause with succeeding years.

DISEASES OF MIDDLE LIFE PREVENTABLE

The diseases of middle and advanced life are being classified by many as those of a preventable type and the chief of concern to health workers. Old age is manifested not by a falling to pieces like the old one horse shay, but by separate failures to function on the part of various organs. In this respect arteriosclerosis is one of the most common changes. According to Osler Asler this is a natural evolution and forms the expression of the wear and tear, "by which the blood vessels, heart and other organs are worn out" by a process of decay. It depends upon the quality of the "vital rubber" and explains why one person may be old at 30 years and another young at 70. What is necessary is concerted effort to prevent unnatural speed in growing old and not in efforts to stop a process which is natural to itself. Rapid degeneration is hastened in middle life by wrong methods of living, of which the most important is overeating. It is easy to acquire habits of over indulgence as well as to relax from the minimum standards of proper hygiene such as daily exercise, sufficient sleep and recreation. Under the head of organic heart disease however there are probably concealed deaths due to changes in the blood vessels, arteriosclerosis. Unfortunately for correct statistics when a sudden death occurs the easiest cause of death to certify is heart disease and yet few if any of these cases are verified by autopsy.

INCREASED MORTALITY

The following table gives the increased deaths and rates per 100,000 population in 1925 as compared with 1924.

Cause	Deaths		Rate per 100,000	
	1925	1924	1925	1924
Accident	343	296	75.7	66.4
Heart Disease	850	729	187.6	163.5
Cancer	493	403	108.8	90.4
Pneumonia all forms	584	515	128.9	115.4
Diphtheria	42	39	9.3	8.7
Poliomyelitis	9	0	2.0	0
Homocide and Suicide.....	85	78	18.7	17.5

INCREASE IN DEATHS FROM ACCIDENTS

There were 343 fatal accidents recorded during the year, or an increase of 47 more than 1924. Deaths due to falls numbered 81, an increase of 37 as compared with the previous year, and the largest increase under any one special cause. Thirteen of these fatalities occurred under five years and 49 between the age period of 20 to 59, indicating that the results were then due to industrial occupation.

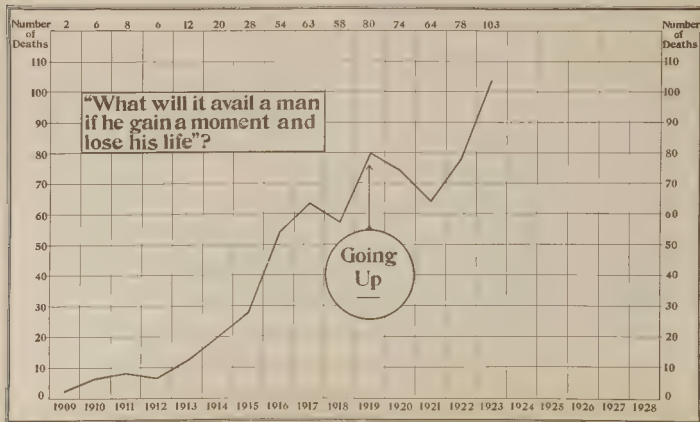
FATAL AUTOMOBILE ACCIDENTS

The record for 1925 shows 107 deaths as due to automobile and an increase of six over the previous year. We are still evidently far from the peak of the curve in deaths from the cause which commenced about 1912 and has been in continuous ascent since. There was a welcome reduction in these deaths in 1918 and again in 1921, but the following year, in several instances, they have continued to rise. With the increasing volume of the traffic of last year there would seem to be as much need for the education of the pedestrian as the driver for in many cases the accident could have been prevented by a little caution and willingness to wait for a safe opportunity in the traffic. The deaths from auto accidents were mostly recorded at ages 20-59 years, 54 out of a total of 107, with 11 recorded as under 5 years. The 39 deaths due to burns showed an increase of three as compared with the previous year, and were largely at early age periods, eleven, being in children under five years, six from 5 to 19 years and 15 from 20 to 59 years.

DEATHS DUE TO HEAT

Twenty nine deaths were recorded as due to heat, an increasing of 25 as compared with the previous year. By far the greater number of these were over twenty years, 26 deaths, and only one under five years. Although the sum-

Number of Persons Killed in Automobile Accidents in Newark, N. J. 1924--101 1925--107



year of 1925 was not recorded as excessively hot, there were periods of extreme heat, not only the first week in June which was responsible for this unusual high mortality from this cause.

ILLUMINATING GAS POISONING

The deaths due to illuminating gas numbered 21, an increase of 4 over the previous year. The more general use of gas heaters in living rooms will always be a menace to the lives of persons using them unless there is an effort on the part of the manufacturer of these articles to make a safer article. Although such deaths are investigated by the department and when heating devices are found dangerous they are ordered to be removed or repaired, there remains the greater need of prevention. All these deaths are preventable, except of course those due to smoke, and greater efforts must be made to require a city ordinance by which fixtures be made safely permanent pipes instead of rubber hose, and a proper exit for the burnt gases, by means of flues, chimneys, or the nearest chimney or outside walls.

DEATHS FROM SPECIAL CAUSES

The deaths occurring during the year from special causes, and the ages pertaining deaths are shown in special tables.

HEART DISEASE COMMONEST CAUSE OF DEATH

The year witnesses a continual increase in the number of deaths from heart disease 850 deaths making a rate of 187.6 per 100,000 as compared with 163.5 for 1924, making it the principal cause of death in our annual mortality record.

Heart disease occurs in all ages but chiefly to the middle and old age periods over 78% of the total living individuals

over 45 years of age and only 2% at ages under five years. More males died from this cause than females. Although it has been customary to credit deaths from heart disease to excessive exertion, physical and mental, as a result of high tension of the business of life of today, we are not sure that this is the real reason for this rising fatality.

It must not be forgotten that more life saving is being done in the earlier stages of life so that although certain of the diseases such as diphtheria and scarlet fever have been robbed of some of their power of mischief some damage is still done, not sufficient to cause death but to materially interfere with the resources of such an organ as the heart. It is probable that as the epidemic diseases are brought more and more under control the individual with the damaged heart will become rarer and rarer. Heart failures following upon circulatory diseases such as Bright's disease, cirrhosis of the liver, arterio sclerosis will fall *pari passu* as these diseases become less common. At the present time it is entirely probable that arterio sclerosis as a condition is also present in the majority of cases where a heart disease cause of death is reported in the later age periods. Rheumatism in youth cannot be a general predisposing cause of heart disease, at least in these Middle Eastern States where rheumatic fever and rheumatic affections among the young if at all common are not readily diagnosed.

CANCER DEATHS STILL INCREASING

The deaths from cancer in Newark showed an increase of ninety as compared with the previous year, there being 493 deaths from this cause or a rate of 108.8 per 100,000 population.

The rising cancer rate is a phenomenon which has been recognized as nationwide and even worldwide especially among more highly civilized nations. Several reasons for

thus have been advanced but still lack very definite or scientific proof. It has been said that the increased length of life of the average individual has brought more and more persons within the cancer period of middle life, so that we are by this theory decreasing the mortality in childhood and increasing it in adult life. It is clear that no satisfactory explanation has been made for the increase in cancer in recent years. As knowledge, however, becomes more widely diffused of the curability of early cases of the disease the mortality will decrease as it did in the case of tuberculosis. Certainly there was never a time when science could do more for these cases than the present with regard to both prevention and cure of cancer.

PNEUMONIA RATE INCREASED

During 1925 there was a decided increase in the mortality from pneumonia of both types. The 584 deaths so recorded equaled a rate of 128.9 per 100,000 population as compared with the 515 deaths and a rate 115.4 for 1924. The age period at death showed 192 deaths under 5 years of age and 271 at ages between 25 and 64 years. The distribution of pneumonia deaths for the year shows a high percentage among the colored population of the city, 129 or 23.7 per cent of the total. When it is remembered that the colored population amounts to only 6% of the total it will be recognized that the colored individual shows much less resistance to the disease than the white majority. The reason for the increase in the pneumonia rate for the year is very similar to the combination found in tuberculosis where there is also found an increasing fatality in the colored. It is still a question of climate and susceptibility, with the result that a section of the population is exposed to outside influences unlike that of the Southern States where living conditions are so radically different.

DIPHTHERIA

DECREASED PREVALENCE INCREASED MORTALITY

During 1925 there was a slight increase in the deaths from diphtheria, 42 as compared with 39 in the previous year. The mortality rate from this disease has increased in Newark for the last three years.

DIPHTHERIA MORTALITY RATE PER 100,000

1925	1924	1923
9.8	8.7	7.7

More than half the deaths for the year from this disease were in children under five years of age, the preschool group. Sixteen deaths took place between the ages of 5 to 14 years and, four at later age periods. The prevalence of diphtheria cases, however, decreased for 1925, as compared with the previous year, 509 to 575. The situation with regard to diphtheria is alarming and the cause of the increase in mortality must be sought in the increase in the prevalence of the infecting agent or an insidious or more obscure train of symptoms in the infected person.

ROUTINE THROAT CULTURES SHOULD BE TAKEN
BY PHYSICIANS

The need for taking throat cultures is evident in all cases of sore throat or sickness that pass sometimes under the harmless name of "croup." The curative power of diphtheria antitoxin is still potent to save life as formerly if it is administered within a short interval after the onset of symptoms. Recent autopsies upon patients dead of diphtheria have invariably shown extensive involvement of the bronchial tubes and trachea with the diphtheritic processes.

PARENTS FREQUENTLY TO BLAME

The history of some of the cases where fatal results

ensued showed a fatal outcome on the part of the parents to call a physician until some days after the symptoms were evident. No case of sore throat in a child should be lightly disregarded, for even a few hours delay between the first complaint and the giving of antitoxin may be sufficient to turn the balance between life and death.

VERY YOUNG CHILDREN SHOULD BE SCHICK-TESTED

The increasing adoption of the Schick test and toxin antitoxin immunization in our schools will in due time control the prevalence and eventually the mortality from diphtheria in the school group of children. It is in children of the younger age groups below five years that diphtheria is practically fatal. It is the preschool child that requires protection the most, as about seventy per cent. of them are usually found positive to Schick test and therefore very susceptible to diphtheria. In the various Schick test stations of the Health Department children of all ages are treated, and mothers with children of tender age are welcome at all times.

INFANT MORTALITY RATE

68.7 PER 1000 BIRTHS

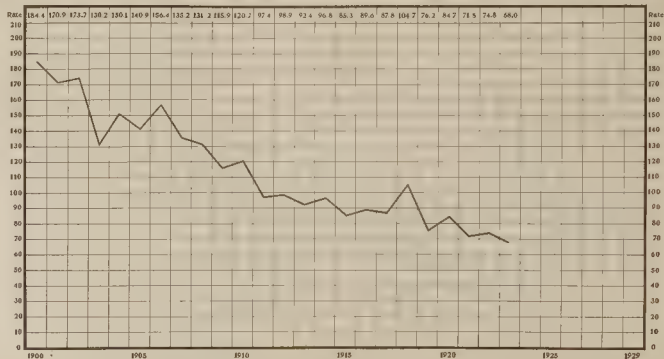
There were 746 deaths in children under one year of age during the year, making an infant mortality rate of 68.7 per 1000 live births. Among the fourteen largest cities in the United States, Newark takes fifth place for low infant mortality. This rate is calculated upon the actual number of births registered exclusive of stillbirths, and not upon the estimated number of births upon which any fallow statistics are established. The rate is higher than for the previous year, 1924 when it was 65.2. Although with the exception of pneumonia, the mortality due to epidemic diseases in infants was less than the previous year,

Newark's Infant Mortality Rates

1924--65.2

1925--68.7

Deaths under one year of age per 1,000 living Births



Division of Vital Statistics, Dept. of Health, Newark, N. J.

there was apparently an increase in the number of deaths due to congenital debility, 376 as compared with 350 in 1924.

Under this heading are placed a number of causes of death not clearly defined and frequently due to want of care in the prenatal life of the mother. As maternal mortality is increased there seems also to be more deaths from such obscure causes as congenital debility, showing again the need for close association of all hygiene work that may be directed on behalf of the mother as well as the child. There was an increase of deaths from diphtheria recorded under the age of 12 months.

MORTALITY AMONG THE COLORED 25.5 PER 1,000

There were 638 deaths among an estimated colored population of 25,000, making a death rate of 25.5 per 1,000. This rate is more than twice that recorded for the entire city in the same year. The infant mortality rate recorded for this group is also high, 155.1 per 1,000 births as compared with the city rate of 68.7 and 25.6 points higher than their rate in 1924. By far the greater disparity in rate is seen in Tuberculosis, however, from which cause there were 88 deaths, at a rate among the colored of 350 per 100,000 compared with 83.4 for the city. In this case also there is an increase in mortality as compared with the previous year, of 5 points. It has been observed that the rate is higher among the colored who have recently come North, as compared with those who have been born and raised in this climate. It has been also frequently observed that Tuberculosis in an advanced stage exists in colored workers who have recently come north in search of work. A more unsuitable environment than our white months can not be imagined for such afflicted individuals. Physical resistance to Tuberculosis is low in the colored race and is comparable

to others who have for hundreds of years lived in the open rural districts. The urbanization of such people will always take a terrible toll of life as is shown in the rate for the colored people in Newark. Active steps have been taken to increase facilities for dispensary clinics for our colored population in our fight against Tuberculosis. In the hygiene of colored infants and mothers, a greater effort is being made in special clinics attended by colored nurses and physicians to instruct and advise the mother in the care of herself and the proper nursing of her child.

Pneumonia, the other great respiratory disease also played havoc with the colored their rate being 516 per 100,000 compared with 129 for the entire city. Almost one quarter of the entire pneumonia deaths in the city were among the colored.

THE BIRTH RATE FOR 1925
24.0 PER 1,000 POPULATION

The number of births recorded during the year was 10,852 or 597 less than for 1924 and establishing a birth rate of 24.0 per thousand population. This birth rate is a low one for the city and is only equalled by a rate of 24.0 per 1,000 recorded for the year 1901. A low birth rate is evidently a natural result of modern conditions of life. Many factors have been said to influence this, such as changes in racial stock, postponement of age at marriage in favor of maturer years, a lowering of the marriage rate as a result of greater employment of women of marriageable age in business work. All of these agencies are no doubt at work in this country so that we will have to look forward to an even lower birth rate from year to year. There seems to be an increasing tendency among women to have their children born in hospitals 44.6% of all births in the year having been in institutions. There is also a decreasing number of births attended by midwives, only

25.8% of the population being registered as having a midwife in attendance, although 47% of all births at home were of this class. The ratio of births to deaths for the year is about two to one, so that a considerable reduction in the birth rate can be contemplated before there need be any serious alarm as to the population of the city.

BIRTHS IN NEWARK DURING 1925

Total Births	10,852
Midwife Births.....	2,799 or 25.8% of total
Hospital Births.....	4,845 or 44.6% of total
Home Births.....	6,007 or 55.4% of total
Physicians Births.....	8,053 or 74.2% of total
Physicians born at Home	3,385 53% of home births
Midwives performed.....	47% of home births

DECREASED EPIDEMIC DISEASE PREVALENCE 1925

The total number of cases of reportable diseases recorded in the city during the year was 14,216 as compared with 19,529 for 1924—a decrease of 5,314. Many of the endemic diseases in cities show a period during which there are epidemics and for which the conditions are unfavorable or otherwise for the spread of infection. The following table shows the lesser prevalence during 1925 under special heads as compared with the previous year and the mean or normal rate established for the previous eleven years.

Disease	1925	1924	Mean	Decrease
Mumps	282	2,202	800	1,920
German Measles	472	2,229	472	1,757
Measles	1,970	3,030	3,030	1,060
Whooping Cough	2,023	2,561	2,023	538
Chickenpox	1,414	1,613	1,418	195
Pneumonia	2,531	2,703	2,789	172
Diphtheria	509	575	923	66
Influenza	270	338	1,462	60
Tuberculosis	872	909	1,788	37
Erysipelas	231	263	228	32
Epidemic Meningitis	12	18	26	6

MEASLES, GERMAN MEASLES AND MUMPS

The prevalence of Measles during the year was considerably less than that recorded for 1924, the 1,970 cases reported being 1,000 below the mean for the previous eleven years.

The greatest age susceptibility during the year would appear to have been between 5 and 9 years, with 1,000 cases, the period under 5 years being responsible for 868 cases. Adults however were not immune from infection, 16 cases occurring at 15 to 19 years, 7 from 20 to 24, 6 from 24 to 34 and 2 at 35 years or above. Measles showed an increasing frequency in January and reached the peak in the first week of June with 108 cases.

By far the greatest decrease in reportable disease for the year was under the head of Mumps with 282, a decrease of 1,920 as compared with 1924. The age period 5 to 9 years as in the case of measles showed the highest frequency of attack, 136 cases reported, with 79 under 5 years. The peak or high prevalence was in the second week of March.

German Measles was considerably less prevalent during the year, only 472 cases being reported, a decrease of 1,757 as compared with the previous year. The period of greatest prevalence would appear to be similar to Measles making its peak in the first week in June. The conditions favorable for the spread of this disease are apparently very similar to those for Measles as the two infections frequently run concurrently. The distribution of age periods is also very similar to that seen in Measles, with a preponderance of cases between 5 and 9 years.

WHOOPIING COUGH, CHICKENPOX AND PNEUMONIA

With the lessened prevalence of other infection there was a decrease in Whooping Cough, the 2,023 cases reported representing the means for the previous eleven years, and

538 less than 1924. More than fifty per cent of all the cases occurred in children under 5 years and 771 cases at the age period 5 to 9 years. The peak of high prevalence was in April with 87 reported cases in the first week.

There was a wide prevalence of Chickenpox in the early summer months, the 1,414 cases reported however, being 195 less than the previous year. The cases followed very much the same period as in the case of Measles, the first week in June showing the highest number, and the age period of attack being also similar. Among the 2,531 cases of Pneumonia reported during the year, 876 occurred at ages under 5 years, 327 at 5 to 9 years. The adult age periods represented as infected were 20 to 24 years 127 cases; 25 to 34 years 249 cases; 35 to 44 years 260 cases; 45 to 54 years 187 and 55 years and over 274.

DIPHTHERIA AND SCARLET FEVER

The 89 cases of Diphtheria recorded during the year was only less than the previous year and considerably below the number being 23. The lessened prevalence of Diphtheria is a possible result of the results of Schick testing and toxo-anatoxin inoculation carried out among the school children of the city during the last two years. Diphtheria is a true enteric disease and is not apart from any very definite changes of season, and at times shows a high peak in the summer months as well as that seen in mid winter, the weeks of high prevalence in 1925 being the third week in March and the first week in July. Children under five years were more susceptible, numbering 211 and between the age periods of 5 to 9 years, 202 cases occurred. The case fatality, of course, was higher at the earlier age group.

SCHICK TESTING

The Schick testing campaign was continued in the Par-

ochial Schools as well as the Public Schools during the year. In the Public Schools during two years 1924 and 1925, 14,990 children or 35% of the enrollment of the schools which were covered, were tested and where necessary, immunized. The following table by Dr. H. Louis Fuestman of the Department of Medical Inspection of the Newark Board of Education shows the results obtained.

PUBLIC SCHOOLS
SUMMARY OF MIDYEAR REPORT 1924-1925

	1924	1925	Total 1924-1925
Enrollment	14,740	27,633	42,373
Number Tested	5,886	9,104	14,990
Per cent. Tested.....	39.9	30.2	35
Number Positive	1,405	3,395	4,800
Per cent. Positive.....	27.4	37.2	32.3
Number Negative	4,481	5,709	10,190
Per cent. Immune.....	72.6	62.8	62.7

PAROCHIAL SCHOOL RESULTS

The total number of Parochial School children Schick tested during the year was 3,146 which, with the number tested prior to 1925 and deducting the number of children who left the school, brings the total of all the children in the Parochial Schools, found naturally or made artificially immune to 7,915 up to December 31, 1925. This is approximately 52% of the entire Parochial School population of 15,174. Those found negative or having a natural immunity during the year, numbered 1,723 or 56% of the total tested. The results as to natural susceptibility were quite parallel to those of the previous two years when the percentage of 44% (Positive) was identical with that in 1925. The following chart shows a summary of the results obtained.

PAROCHIAL SCHOOLS
SUMMARY OF SCHICK TESTING 1924-1925

	1923-24	1925	Total
Enrollment	14,623	15,174	15,174
Number Tested.....	2,934	4,981	7,915
Per cent Tested.....	20	33	52
Number Positive	1,296	2,193	3,489
Per cent Positive.....	44	44	44
Number Negative	1,639	2,788	4,427
Per cent. Immune	56	56	56

PARENTS SHOULD BE INSTRUCTED

The possibility of obtaining a high degree of immunity for the school children of Newark against Diphtheria is distinctly encouraging. There is, however, a marked discrepancy in the attitude of the parents to the test as shown in the returns from the various schools. In many of the schools where children of foreign parentage predominate, the number of consents for the test is high and the resulting protection for the children assured. The schools where children of purely American parentage are in the majority are more skeptical and among the laggards from the point of view of approval to the test.

It is necessary, in view of the experience of such schools, to urge parents as the stumbling blocks to consent the children being repeatedly anxious and willing to have the test done. The parents most frequently fathers have taken the stand that as yet the test is new and not sufficiently tried out. It is, of course, to reach the fathers and some means will have to be adopted to bring the Schick test and immunization to their attention and to point out its harmlessness and freedom from any after symptoms as at present understood. Certain it is that if we would reach the fathers of the school children, wider publicity will have to be given to the tests by means of short talks and films before men's clubs and factory organizations.

INFLUENZA

Influenza as an epidemic infection was less prevalent during the year only 270 cases being reported as compared with 338 in 1924. The majority of these cases were reported in the adult age group, 15 to 19 years 25; 20 to 24 years 30 cases; 25 to 34 years 40 cases, 35-44 years 58 cases, 45 to 54 years 44 cases. Under 5 years of age 21 children were affected. The disease is, however, very frequently put in the same class as the common cold especially where pneumonia is a complication. It can not be said that the reported cases of influenza are at present of the same type in virulence of the disease as experienced in 1918 and succeeding years. As the immune adult population is shifted to the later age groups and the young individuals approach the youthful period, among which great susceptibility to influenza exists, there may be in again, great sweeping epidemics of influenza which will await only the kindling of the torch in some remote corner of the habitable globe.

LESS TUBERCULOSIS REPORTED

That there is a considerably lowered prevalence of Tuberculosis in the City is indicated by the reduction in the reported cases for the year which number 1872 is compared with the annual mean for the eleven years of 1788 cases. There has been observed for some years, however, that the lessened mortality and morbidity from Tuberculosis seen in Newark, does not hold good for the County of Essex as a whole, which has exhibited an unusually high mortality rate, in fact higher than that existing in the State as a whole. Furthermore the county rate does not compare well with that of other counties in the State.

COUNTY MORTALITY FALL TENDING TO SLOW UP

It was one of the fundamental axioms propounded by

Robert Koch that the mortality from Tuberculosis was usually found to be inversely related to the number of hospital beds available. The greater the number of beds, the less the mortality and, indeed, vice versa. There has been, however, a gradual slowing up of the mortality decrease from Tuberculosis in Essex County although, accompanied, by a gradual decrease in the number of hospital beds available. So slow has been the improvement in cases and so slow a remedy has been found as yet, but it can be seen very well virtually as compared to the mortality of those who eventually gained admission to the sanatorium. The Civil and County mortality rates for five years are given as follows per 10,000:

	1920	1921	1922	1923
Newark City	115.0	92	87.0	81.0
Essex County	124.9	105.7	104.1	95.1

WHY NEWARK TUBERCULOSIS MORTALITY IS LOW

Such a remarkable difference in the mortality of the County and its largest city call for some explanation. The rural districts are more rural in character, more isolated and the city population is more susceptible to be sanitariously affected. It is the new houses, the schools and open parts of rural districts.

It is probable that the County institutions are better than those of Newark City. The same medical and nursing staffs are employed in either place. There is, however, a marked difference in the city situation.

MORE RESISTANCE TO TUBERCULOSIS IN CITIES

The city population has remained unvaried for many years. The population has been limited from time to time by immigration from foreign born city peoples who have inherited a vigorous, less vigorous, an increasing resistance to

Tuberculosis. Furthermore, there has been for some years, provision made in the Newark City Hospital for acute tuberculosis cases, usually about 25 beds. The other hospitals in the city have also accommodated cases of Tuberculosis as emergencies have arisen. Hospitals in the County outside of Newark do not accept Tuberculosis patients. We have therefore good reasons for believing that the lower mortality of Newark as compared with the county, if we accept Koch's dictum as true, is in part due to the greater number of beds available for open and advanced cases of pulmonary Tuberculosis.

THE NEXT STEP

It is clear that Tuberculosis as a disease will not be eradicated within our generation if present methods are not speeded up. It was recently recommended by the Essex County Health Officers' Association that the County be requested to secure the immediate extension of the sanatorium accommodations to a minimum of 350 beds which would approximate more nearly the requirement of a bed for every two deaths in the County of Essex. It was further recommended that persistent efforts be made to provide an excess of beds over and above the number in demand at this time so that there would be provided at least 500 beds for the future hospital accommodation for all patients suitable and applying for same.

CRUDE DEATH RATES FOR NEWARK, ACCORDING TO
CENSUS AND INTERCENSAL ESTIMATED INCREASES

(Rate per 1,000 Population)

Year	Population	No. of Deaths	Death Rate
1850	22,222	4,543	22.28
1855	22,725	4,615	21.37
1860	22,800	4,716	20.96
1865	22,600	4,010	17.43
1870	22,800	4,303	18.30
1875	22,800	3,537	18.90
1880	22,750	4,400	20.34
1885	22,600	4,800	21.22
1890	22,800	4,945	21.38
1895	22,800	4,923	21.50
1900	22,800	5,378	23.77
1905	22,800	5,200	22.81
1910	22,800	5,200	22.81
1915	22,800	5,200	22.81
1920	22,800	5,200	22.81
1925	22,800	5,200	22.81
1930	22,800	5,200	22.81
1935	22,800	5,200	22.81
1940	22,800	5,200	22.81
1945	22,800	5,200	22.81
1950	22,800	5,200	22.81
1955	22,800	5,200	22.81
1960	22,800	5,200	22.81
1965	22,800	5,200	22.81
1970	22,800	5,200	22.81
1975	22,800	5,200	22.81
1980	22,800	5,200	22.81
1985	22,800	5,200	22.81
1990	22,800	5,200	22.81
1995	22,800	5,200	22.81
2000	22,800	5,200	22.81
2005	22,800	5,200	22.81
2010	22,800	5,200	22.81
2015	22,800	5,200	22.81
2020	22,800	5,200	22.81

MORTALITY UNDER SPECIAL HEADINGS, 1918-1925

CAUSES	1925	1924	1923	1922	1921	1920	1919	1918
Total, All Causes	5,310	5,111	5,221	5,209	4,776	5,551	5,534	8,483
Infantile Paralysis	8	12	4	1	4	7	2	6
Measles	110	1	11	12	12	8	9	15
Scarlet Fever	9	16	41	46	13	50	7	1
Whooping Cough	24	34	19	28	25	12	12	1
Diphtheria	42	39	34	73	44	62	5	8
Other Epidemic Diseases	8	1	5	14	1	1	1	15
Tuberculosis	45	47	55	5	42	5	5	85
Cancer	23	25	32	20	21	36	44	4
Alcoholism	40	6	10	3	40	45	68	50
Accidents	55	35	55	44	5	2	50	50
Pneumonia	209	195	219	252	147	307	213	409
Diseases of the Stomach (Cancer excepted)	50	55	41	63	46	45	55	1
Diarrhoea, Diseases under 5 years	129	132	133	187	210	244	295	331
Heart Disease	65	54	44	45	3	3	30	4
Chronic Lung Disease	6	1	60	5	38	5	4	1
Brain Disease	4	60	2	1	1	50	54	1
Diseases of Women (not Cancer)	21	23	12	9	3	4	1	1
Puerperal Septicaemia	20	24	19	18	18	22	11	1
Chronic Lung Disease	61	63	33	40	55	55	55	4
Chronic Lung Disease	48	26	42	46	28	34	31	1
Old Age	113	90	118	11	11	5	501	55
Ill-defined Causes	46	22	13	10	15	43	56	50
Yearly Death Rate per 1,000	11.7	11.2	11.7	12.1	11.2	13.4	12.6	19.7

TABLE 24 1925 DEATHS AND CAUSES AS COMPARED WITH FIVE YEAR PERIOD 1919-1923
Total number of deaths from each given cause, together with the percentage of each cause contributed to the total

CAUSES	Number of Deaths 1925	Per Cent of Total	Number of Deaths 1924	Per Cent of Total	Number of Deaths 1919-1923	Per Cent of Total
	544	100.00	511	100.00	1,129	100.00
Infantile Paralysis	8	0.14			18	0.07
Typhoid Fever	5	0.09	12	0.23	52	0.20
Malaria			1	0.02		
Smallpox						
Measles	9	0.16	16	0.31	157	0.59
Scarlet Fever	5	0.09	8	0.16	69	0.26
Whooping Cough	24	0.44	34	0.67	132	0.50
	42	0.77	39	0.76	263	1.00
	13	2.38	13	2.54	656	2.44
	8	1.47	10	1.96	80	0.60
			1	0.19		0.07
	55	10.11	56	10.96	1,128	8.17
Tuberculosis Meningitis	20	0.37	21	0.41	156	0.59
Other Tuberculosis	23	0.42	25	0.49	153	0.58
Cancer, Malignant Tumor	493	90.5	403	78.8	1,429	7.38
Simple Meningitis	30	0.55	34	0.67	154	0.60
Apoplexy—Softening of the Brain	359	6.59	357	6.98	661	6.09
Diagnosed	850	15.64	79	15.46	2,898	11.02
Bronchitis	70	1.28	70	1.37	458	1.67

TABLE 1924-1925 DEATHS AND CAUSES AS COMPARED WITH FIVE YEAR PERIOD, 1919-1923—Continued

CAUSES	NUMBER of Deaths 1925	Per Cent of Total	NUMBER of Deaths 1924	Per Cent of Total	NUMBER of Deaths 1919-23	Per Cent of Total
Pneumonia, Lobar	375	6.88	320	6.26	1,768	6.72
Pneumonia Broncho	209	3.84	195	3.82	1,133	4.31
Other Respiratory Diseases	73	1.34	70	1.37	415	1.58
Injuries, Street Acc., Cancer excepted	50	0.91	55	1.08	348	0.94
Diarrhoeal Diseases (under 5 years)	129	2.36	132	2.58	1,069	4.07
Appendicitis and Typhlitis	84	1.54	76	1.49	350	1.33
Hernia, Intestinal Obstruction	43	0.77	54	1.06	215	0.81
Cancer, Liver	76	0.47	41	0.80	176	0.66
Bright's Disease and Nephritis	343	6.29	399	7.80	2,114	8.04
Diseases of Women (not Cancer)	21	0.38	23	0.45	39	0.15
Puerperal Septicaemia	20	0.37	24	0.47	91	0.34
Other Puerperal Diseases	61	1.12	63	1.23	216	0.82
Congenital Debility and Malformation	376	6.90	356	6.97	1,888	7.18
Old Age	48	0.88	26	0.51	184	0.70
Accident	343	6.29	296	5.79	1,418	5.39
Homicide	31	0.56	28	0.55	122	0.46
Suicide	54	0.99	50	0.98	281	1.07
Ill-Defined Causes	46	0.84	22	0.43	26	0.10
All Other Causes	821	15.07	756	14.79	3,645	13.86

MORTALITY FROM ALL CAUSES OF DEATH

Rate per 1,000 Ward Estimated Population

Ward	Estimated Population	Total Deaths	Rate per 1 000 Ward Population
1.....	32,848	286	8.7
2.....	18,593	241	12.9
3.....	38,674	473	12.2
4.....	13,761	187	13.7
5.....	22,862	274	12.0
6.....	22,221	233	10.5
7.....	18,684	251	13.4
8.....	33,772	430	12.7
9.....	37,719	411	10.8
10.....	24,805	233	9.4
11.....	22,926	236	10.3
12.....	27,785	272	9.8
13.....	41,562	454	10.8
14.....	39,465	362	9.2
15.....	17,495	221	12.6
16.....	39,250	409	10.4

DEATHS FROM SCARLET FEVER, TYPHOID FEVER AND
DIPHTHERIA PER 100,000 POPULATION 1894-1925

Year	Scarlet Fever	Typhoid Fever	Diph- theria
1894	33.8	16.7	
1895	14.2	23.2	126.6
1896	7.6	20.9	96.9
1897	23.8	14.3	59.6
1898	6.4	17.4	56.6
1899	14.2	25.0	51.7
1900	22.4	20.3	58.1
1901	9.2	22.8	41.2
1902	18.0	18.4	41.2
1903	26.7	23.7	45.1
1904	44.1	14.7	55.1
1905	15.9	14.1	38.8
1906	11.7	17.2	34.1
1907	13.7	23.0	31.7
1908	29.2	11.5	21.6
1909	22.8	12.5	33.8
1910	11.2	12.7	29.9
1911	6.0	10.5	21.0
1912	3.0	7.0	24.6
1913	6.9	7.9	28.0
1914	6.8	6.6	10.4
1915	1.6	2.9	13.1
1916	1.8	6.0	14.8
1917	6.7	4.2	12.3
1918	2.6	3.5	19.1
1919	2.7	2.0	11.3
1920	2.9	1.9	14.9
1921	5.9	2.8	10.4
1922	3.5	2.8	16.9
1923	1.1	2.5	7.7
1924	1.8	2.7	8.7
1925	2.0	1.1	9.3

PERCENTAGE DISTRIBUTION BY AGE PERIODS FROM PRINCIPAL CAUSES
OF DEATH IN NEWARK, N. J., 1925

CAUSES	TOTAL DEATHS		UNDER 5 YEARS		5 to 24 YEARS		25 to 44 YEARS		45 to 64 YEARS		65 YEARS AND OVER	
	Deaths	Per Cent.	Deaths	Per Cent.	Deaths	Per Cent.	Deaths	Per Cent.	Deaths	Per Cent.	Deaths	Per Cent.
Measles	9	100.0	8	88.8			1	11.2				
Whooping Cough	24	100.0	23	95.6			1	4.4				
Diphtheria	42	100.0	22	52.4			20	47.6				
Tuberculosis	8	100.0	7	87.5			1	12.5				
Pneumonia (All forms)	584	100.0	192	32.8			184	31.5	136	23.3	72	12.3
Scarlet Fever	106	100.0	6	5.5	14	13.3	4	3.8	8	7.5	80	75.2
Tuberculosis of Lungs	335	100.0	1	0.3	92	27.4	156	46.5	70	20.8	16	4.8
Diarrheal Diseases (Under 5 years)	129	100.0	129	100.0								
Congenital Debility and Malformations	376	100.0	376	100.0								
Bright's Disease	343	100.0	8	2.3	16	4.6	52	15.1	146	42.5	121	35.2
Apoplexy	552	100.0			7	0.8	13	1.5	7	0.9	551	98.2
Organic Heart Disease	850	100.0	18	2.1	54	6.3	109	12.8	317	37.3	352	41.4
Cancer	493	100.0			3	0.6	71	14.4	254	51.5	163	33.1
Accidents	614	100.0	3	0.8	61	17.8	103	30.0	93	28.2	86	26.5

DEATHS FROM ACCIDENTS FOR THE YEAR 1925

CAUSE OF ACCIDENT	MALES					FEMALES					TOTALS				
	All Ages	Under 5 yrs	5 to 19	20 to 59	60 and over	All Ages	Under 5 yrs	5 to 19	20 to 59	60 and over	All Ages	Under 5 yrs	5 to 19	20 to 59	60 and over
Burns and Scalds	22	4	4	11	3	17	7	2	4	4	39	11	6	15	7
Choking by Gas	17	—	—	13	4	4	—	—	1	3	21	—	—	14	7
Automobile	74	7	15	38	14	33	4	7	16	6	107	11	22	54	20
Trolley	7	—	1	5	1	2	—	1	1	—	9	—	2	6	1
Steam Railroad	9	—	1	7	1	1	—	—	1	—	10	—	1	8	1
Drowning	8	—	1	5	—	—	—	—	—	—	8	—	1	5	—
Elevator	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—
Wagons	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motorcycle	1	—	—	1	—	—	—	—	—	—	1	—	—	1	—
Poisonings	3	—	1	1	1	1	—	—	1	—	4	—	1	2	1
Poisoning (Alcohol)	9	—	—	9	—	1	—	—	1	—	10	—	—	10	—
Effects of Heat	18	1	1	10	6	11	—	1	2	8	29	1	2	12	14
Falls	62	7	3	47	5	19	6	4	2	7	81	13	7	49	12
Fractures	1	—	—	—	1	1	—	—	—	1	2	—	—	—	2
Fires	1	—	—	1	—	1	—	—	—	—	2	—	—	—	1
Injuries by Animals	3	—	1	2	—	1	—	—	1	—	4	—	1	3	—
Electricity (Lightning Excepted)	3	—	—	2	1	—	—	—	—	—	3	—	—	2	1
Bicycle	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—
Exposure to Cold	1	—	—	1	—	—	—	—	—	—	1	—	—	1	—
Conflagration	—	—	—	—	—	1	—	—	—	1	1	—	—	—	1
Other Accidents	9	—	1	8	—	—	—	—	—	1	9	—	1	8	—
Totals	250	19	33	161	3	93	—	15	40	31	144	30	48	191	68

SUMMARY FOR 68 CITIES 1925

Totals of the 52 Weeks, taken from Census Report

Cities	Rate per 1,000 Population
Flint, Mich.	77
Duluth, Minn.	101
Fort Worth, Tex.	101
Yonkers, N. Y.	101
Oakland, Cal.	102
New Bedford, Mass.	103
Canton, Ohio	104
Cleveland, Ohio	104
Des Moines, Iowa	107
V. t. n Ohio	107
Detroit, Mich.	109
Somerville	109
Lynn, Mass.	110
Milwaukee, Wis.	110
Dayton, Ohio	113
Schenectady, N. Y.	114
Chicago, Ill.	115
Grand Rapids, Mich.	115
Springfield, Mass.	115
Salt Lake City, Utah.	116
Minneapolis, Minn.	116
NEWARK, N. J.	117
Jersey City, N. J.	117
Wilmington, Del.	118
Tacoma, Wash.	119
Portland, Oregon	119
Paterson, N. J.	121
Rochester, N. Y.	121
New Haven, Conn.	121
New York City.	122
Toledo, Ohio	122
Providence, R. I.	123
Syracuse, N. Y.	126
Worcester, Mass.	126
St. Paul, Minn.	127
Spokane, Wash.	127
Cambridge, Mass.	127

Cities	Rate per 1,000 Population
Fall River, Mass.	13.0
Lowell, Mass.	13.2
Philadelphia, Pa.	13.2
San Francisco, Cal.	13.3
Washington, D. C.	13.6
Dallas, Texas	13.7
Camden, N. J.	13.8
Buffalo, N. Y.	13.8
Kansas City, Mo.	13.8
Indianapolis, Ind.	13.8
Columbus, Ohio	13.9
St. Louis, Mo.	14.0
Louisville, Ky.	14.1
Trenton, N. J.	14.2
Kansas City, Kans.	14.2
Baltimore, Md.	14.6
Boston, Mass.	14.7
Richmond, Va.	14.7
Denver, Col.	14.7
Pittsburgh, Pa.	14.9
Utica, N. Y.	14.9
San Antonio, Tex.	15.3
Houston, Tex.	15.7
Albany, N. Y.	15.7
Cincinnati, Ohio	15.9
El Paso, Tex.	16.3
San Diego, Cal.	16.7
Birmingham, Ala.	16.9
Nashville, Tenn.	17.0
New Orleans, La.	18.7
Memphis, Tenn.	19.8

ANNUAL MORBIDITY AND MORTALITY RATES FOR 1925 AND 1926, RAILROAD POPULATION

Table A-12 gives the annual death and infant mortality and morbidity rates from communicable diseases in 1925 and 1926 for the railroad population having over 100,000 population.

1925	Annual			RATE PER 100,000 POPULATION									
	Death rate	Deaths Under 15	Census Estimated										
	per 1,000	per 1,000	per 1,000	Mortality	Morbidity	Mortality	Morbidity	Mortality	Morbidity	Mortality	Morbidity	Mortality	Morbidity
Popu- lation	Living	Births	July 1st, 1925										
Albany, N. Y.	15.7	76.4	125,000	5.6	33.6	0	384.0	5	618	5	151.4	9.6	184.4
Bridgeport, Conn.	9.5	53.6	162,802	6	9.8	3.7	85.5	5	3.8	1.3	N.S.	N.S.	N.S.
Boston, Mass.	14.7	85.9	783,166	3.4	19.3	14.4	85.5	6.0	30.8	8.8	8.7	85.1	245.1
Buffalo, N. Y.	13.8	86.8	538,016	4.5	20.8	9.3	6.5	0	158.4	4.4	183.6	5.1	184.3
Baltimore, Md.	14.6	77.5	796,296	3.3	21.9	1.3	68	6	146.9	5	44.5	13.6	184
Birmingham, Ala.	16.9	87.1	205,670	9.2	66.1	0	10.9	4	11.6	5	2.5	114	287.8
Columbus, Ohio	13.9	79.8	279,836	4.3	15.4	7	41	5	2.8	9.6	38.5	5.4	128.4
Camden, N. J.	13.8	86.5	128,642	7.0	24.9	25.7	8.4	5	159.4	16.1	13	8	N.S.
Cambridge, Mass.	12.7	51.7	120,141	1.7	13.3	10.0	49.5	8	83.1	5.0	41.0	14.2	19.8
Chicago, Ill.	11.5	74.7	2,995,239	1.5	7.9	3.9	149.2	1.3	2.6	4.2	15.1	1.0	N.S.
Cincinnati, Ohio	15.9	77.3	409,333	4.2	31.0	2	5	0	165.6	5.4	1.8	95.5	195.7
Cleveland, Ohio	10.4	65.8	936,485	1.5	9.9	6	281	6	5.0	6.0	35.5	8.3	185.4
Des Moines, Iowa	10.1	57.7	149,183	4.7	21.5	0	0	0	150	10.1	N.R.	5.8	7
Detroit, Mich.	10.9	80.0	1,245,824	2.6	11.9	1.3	15	5.4	3.2	0	65.4	65.5	187.7
Dallas, Tex.	10.1	63.9	110,000	9	10.9	0	0.2	5.6	38.7	0	10.4	N.R.	N.R.
Dayton, Ohio	13.7	97.3	225,000	15.1	41.8	5	15	8	5.3	0	05.6	54.1	N.R.
Erie, Pa.	10.7	62.6	120,285	0	19.1	5.5	846.7	0	0.2	3.8	30.8	5.1	211.1
Flint, Mich.	7.7	70.7	142,000	1.4	10.6	0	11.4	0	18.4	1.4	20	26.1	N.S.
Fall River, Mass.	13.0	89.3	129,662	1.5	27.8	4	2.48	8	5.0	10.8	1.88	4.8	180.8
Fort Worth, Texas	10.1	78.1	151,195	5.3	23.1	0	0	2.0	48.5	1.5	0	63.5	N.S.
Grand Rapids, Mich.	11.5	69.2	153,700	1.3	11.1	3.9	108.1	4.6	80.8	5.3	69.9	33.2	27
Houston, Texas	15.7	99.2	164,954	5.5	27.3	0	1.2	0	49.1	5.6	6.1	13.1	N.S.
Indianapolis, Ind.	13.8	69.5	358,815	4.2	12.8	6	1	6	4.1	5	25.2	77.8	N.S.
Jersey City, N. J.	11.7	56.7	316,916	4.1	17.4	3.5	15.8	6	100.3	5.1	24.3	6.5	N.S.
Kansas City, Kan.	14.2	64.7	125,667	7.2	20.7	1.6	85.1	5	61.5	1.8	38.5	1.8	271.1
Lowell, Mass.	13.2	76.6	112,759	0	8.9	11.5	1,859	0	15.5	0	4.6	6.0	163.8
Lynn, Mass.	11.0	73.4	103,081	1.0	11.6	8.7	69.8	0	5.1	12.6	5	22.5	118.4

Los Angeles, Cal.	9.5	66.7	1,200,000	1.3	5.3	2	71.3	.9	101.2	5.0	151.2	81.0	N S
Minneapolis, Minn.	11.6	60.9	425,435	3.1	14.1	9	73.1	5.4	648.5	4.5	24.0	38.8	241.9
Milwaukee, Wis.	11.0	74.7	509,192	1.4	3.9	1.0	1298.7	1.4	120.0	4.3	380.4	48.5	155.0
Norfolk, Va.	10.6	82.8	164,105	.6	6.7	.0	40.8	.0	28.6	3.0	222.4	N S	N S
Nashville, Tenn.	17.0	90.0	136,220	19.8	147.6	6.6	251.1	1.5	175.5	3.7	24.2	116	28.9
New Bedford, Conn.	10.3	80.3	135,32	.7	7.4	2.2	781.5	3.7	140.6	3.7	90.3	67.2	150.2
New Bedford, Conn.	12.1	66.4	18,92	.2	.2	.8	651.7	.1	285.0	.8	474.8	53.1	28.7
New Orleans, La.	18.7	97.6	425,000	91.1	79.5	.2	6.1	2.1	101.9	13.2	104.5	N S	N S
Newark	11.7	67.6	453,000	1.1	12.1	1.9	434.9	1.1	249.0	5.3	446.6	3.9	130.0
New York City	12.1	64.5	6,251,817	3.2	22.7	2.1	157.4	1.2	141.4	4.9	77.2	6.4	15.2
Portland, Oregon	11.9	45.6	282,383	2.1	20.9	.0	28.3	1.1	154.0	6.0	92.8	48.7	N S
Philadelphia, Pa.	13.2	76.7	1,570,364	2.3	11.8	3.8	401.1	3.8	250.3	6.5	157.1	60.0	156.6
Pittsburg, Pa.	14.9	82.0	631,563	3.2	15.2	13.1	1165.7	5.1	427.7	2.4	81.5	67.0	114.8
Petersburg	11.1	64.7	11,041	.1	10.6	.1	177.1	.1	188	.0	185.9	N S	N S
Providence, R. I.	12.3	64.2	268,420	3.4	18.6	6.0	718.3	2.2	131.5	4.8	41.4	45.5	
Rochester, N. Y.	12.1	64.6	331,500	1.8	15.4	1.8	516.4	2.7	404.8	6.0	133.3	44.0	N S
Richmond, Va.	14.7	91.4	186,404	5.4	36.5	1.6	171.7	1.1	141.1	6.4	64.4	86.6	N S
St. Louis, Mo.	14.0	60.6	821,543	3.9	24.5	1	41.8	5.4	417.4	2.4	56.4	68.7	189.7
Syracuse, N. Y.	12.6	68.3	191,559	2.1	7.8	.0	128.4	0	67.3	8.4	312.2	36.5	155.0
San Francisco	13.3	52.0	557,530	2.2	16.5	0	42.7	1.3	94.7	+ 5.0	194.4	98.5	189.8
Springfield, Mass.	11.5	64.6	152,758	1.3	7.2	.0	132.9	3.3	423.5	3.3	164.3	32.3	87.5
St. Paul, Minn.	12.7	58.4	246,001	2.8	19.5	4	108.1	12.6	523.6	5.3	345.9	6.5	151.2
Schenectady, N. Y.	11.4	65.5	100,576	2.0	26.8	0	37.8	1.0	100.4	2.0	304.2	2.8	112.4
Seattle, Wash.	10.7	42.8	327,637	2.4	20.4	.0	36.3	.9	161.2	6.1	553.4	59.2	174.3
Salt Lake City, Utah	11.6	45.2	130,000	6.9	60.8	.0	40.0	8	145.4	6.9	314.6	4.7	65.4
Toledo, Ohio	12.2	80.9	287,380	5.6	32.0	.3	694.9	3.5	211.9	3.5	281.5	85.3	
Trenton, N. J.	14.2	80.7	132,020	7.6	34.8	3.0	187.9	0	90.9	9.8	85.6	118.2	173.5
Tucson, Wash.	11.9	66.7	106,731	1.9	17.8	.0	17.8	0	89.0	.9	159.3	31.9	N S
Utica, N. Y.	13.9	73.9	107,000	3.7	23.4	0	35.5	2.8	200.9	.0	36.4	49.5	102.8
Waterbury, Conn.	10.7	83.3	102,239	3.9	21.5	2.9	55.8	2.9	178.0	2.0	56.7	36.1	114.4
Worcester, Mass.	12.6	75.8	190,757	2.1	8.9	3.1	1193.7	2.6	234.9	5.8	269.5	58.2	107.5
Washington, D. C.	13.6	87.5	497,906	5.0	25.3	.8	159.3	1.0	203.1	4.2	149.6	60.2	N S
Yonkers, N. Y.	10.1	68.4	113,647	1.8	36.1	29.0	168.8	9	30.3	2.6	99.4	17.2	151.3
Youngstown, Ohio	10.7	62.1	161,477	2.5	16.1	3.1	783.4	5.6	322.6	8.1	234.7	57.0	110.2

+ Inefficient reporting less cases than deaths.

★ Reportable to state

N. S. Not Separated

N. R. Not reportable

ANAL. Calcd for $C_{10}H_{12}O_4$: C, 64.51%; H, 6.54%. Found: C, 64.41%; H, 6.51%.

Los Angeles, Cal	18	667	1,200,000	9	55.8	7	6	8	7	68.5	40.5	95.1
Minneapolis, Minn	11.0	6.9	5,155	6	8.5	15	40.6	7	6	N.R.	58.5	N.R.
Milwaukee, Wis	11.0	4	50	40			14.6	5		0.5	+	1.5
Norfolk, Va	1.7	8.8	14.5	3	5		4	7	8	N.S.	8	10
Nashville, Tenn	6	30	15.5	1.1		6.6	1	0	1	6.9	58.0	
New Bedford, Conn	0.5	80.5	15.5	11.8	5.5		1			70.0	55.5	1.5.1
New Haven, Conn	1	6.3	8.1	1	48	4	14	6	7	5	11.1	140.5
New Orleans, La	18		60	8	15.1	6	1.1	4.5		6.4	55.1	8
Newark, N. J.	11	6	3.4	8			1.5		1	20.6	51.4	40.1
New York City	6	64	8	8	1	10.5	1.8	5	1.2		8	6.1
Portland, Oregon	3	48.6	8.55	8	1.6	5	6.6	8	0.7	8	N.S.	5
Philadelphia, Pa	5		6.1	10.1	1.1	15.5	9.4		1	25.8	58	+
Pittsburg, Pa	4	8	6.1	8.5	114.8		0.4			88.1	45.4	9.2
Paterson, N. J.	1.1	1.1	1.1	85.7	1.5.7	4.1	7			84.5	+	52.1
Providence, R. I.	5	64.7	25.4.6	6.1		5	88.1	1.5	7	1.0	8	N.S.
Rochester, N. Y.		4	55.50.0		8.4	5	5	3	+	N.S.	N.S.	7.8
Richmond, Va	14	11.4	18.4	6	8.4	1		7	3.8	8	+	46
St. Louis, Mo	14.0	66.6	8	8	7		5.4	1	0.8	N.K.	5	N.K.
Syracuse, N. Y.	1.5	68.5	55.0	5.5	3.1	1.5	0	6	1	7.5	55	18.6
San Francisco	15.5	5.6	50	5	5			7	1.6	58.5	8.0	64.6
Springfield, Mass	11.5	6.1	58	6.1	1	7	40.1	4		4.8	1.5	5.1
St. Paul, Minn	1.2	58.1	1.1	85.5	1.5.5	15.5	4.1	0	7	11	R	8
St. Louis, Mo	11.4	5.8	100.6	5.8	118.5	3.6	5	1.0		144.7	7.8	7.4
St. Louis, Mo	7	8	5	81.5		4	5	5	7.4	1	1.6	N.R.
St. Louis, Mo		1.7	6.1.0	55	N.R.	5	3.3.3	1	6.8	55	N.P.	28.5
St. Louis, Mo		50.6	55.38.8	9	7		1.5	15	6	4.5	1.1	5.0
St. Louis, Mo		8	55.1.1	5	7	1	6.1	8	8	8.8	5.1	1.4
Tacoma, Wash	6	66	51	8.5	8	1.8	5.1	5.6	1.1	61	25	55.0
Utica, N. Y.	15		6.7	5	5.5	5	8	5		6.7	5	5.5
Waterbury, Conn	6	53.5	6	15	1.1	4.4	5	5	3	4	111	95.0
Worcester, Mass	1		5	5		4		1	1	15	1	R
Washington	5	8.5	96.4	5		1	15		8	N	1.5.5	54.5
Yonkers, N. Y.	10.1	6.1	1.5.4	3.6	5	6	1.5	5	1.5	5	1.7	+
Youngstown, Ohio	10.7	62.1	161.477			5	7			5.6	4.5	N.R.

+ Inefficient reporting - less case than deaths

★ Reportable to State

N. S. Not separated

N. R. Not reportable

CLASSIFICATION OF BIRTHS IN 1925

		Rate per 1,000 Population
Males	5,585	12.3
Females	5,267	11.7
Totals.....	10,852	24.0
White	9,961	22.0
Colored	890	2.0
Yellow	1	.
Red	0	"
Illegitimate	177	0.4
Stillbirths	466	1.0

YEARLY BIRTH RATE PER 1,000 POPULATION, 1900-1925

	1924	1925	1926	1927
1923.....	25.3	1917.....29.1	1911.....30.9	1905.....25.1
1922.....	25.4	1916.....29.7	1910.....29.6	1904.....25.8
1921.....	27.5	1915.....29.2	1909.....30.8	1903.....24.4
1920.....	28.3	1914.....29.0	1908.....29.2	1902.....25.2
1919.....	25.7	1913.....28.4	1907.....27.9	1901.....24.0
1918.....	27.0	1912.....29.3	1906.....26.0	1900.....24.8

STILL-BIRTHS 1925

January	38
February	37
March	38
April	38
May	35
June	33
July	34
August	39
September	46
October	45
November	37
December	46
Total.....	466

BIRTH RATE BY WARDS FOR 1925

Rate per 1,000 Ward Estimated Population

Ward	Estimated Population	Total Births Reported	1,000 Ward Population
1	32,848	867	26.4
2	18,593	255	13.7
3	38,614	754	19.5
4	13,601	155	11.5
5	22,802	531	23.3
6	22,221	392	17.7
7	18,686	399	21.5
8	33,562	740	21.8
9	37,919	854	22.5
10	24,815	702	28.3
11	22,926	372	11.8
12	27,785	566	20.2
13	41,562	1003	23.9
14	39,465	898	22.7
15	17,495	336	19.2
16	39,256	770	19.6

THE ADMINISTRATIVE CONTROL OF
CONTAGIOUS DISEASES

BY C. V. CRASIER, M. D.

The great epidemic and plagues recorded in history have swept remorselessly over peasant and city dweller, taking alike a toll of lives and leaving poverty and suffering in their wakes. The tide of human misery, however, has always reached its flood in the dwellings of cities and towns, usually finding there filth, want and destitution, such important aids in the spread of infection; although in the cities of the middle ages habits and customs of the people were crude in the extreme, on the other hand living was easy and simple food generally obtainable.

The onset of the industrial era in Europe and in America, too, changed to an immense degree, the general living conditions of the populations. As a result of economic demand for factory labor and also the lure of better wages, a continuous shift of population took place from the rural districts to the towns.

This would not have been important as a social change had the cities been able to absorb and accumulate the vast army of emigrants. As it was the cities were without sufficient dwellings and such as they had were without adequate supplies of food and sewerage, with an even more available labor force, so plentiful to provide for the need of food. These conditions brought about in the vast majority of city dwellers in America and abroad during the middle of the nineteenth century a very crowded, unrescuable filth and generally unrescuable living standards during the years of the year. These same conditions of overcrowding, foul smelling, dirty and unsanitary conditions in the crowded and undernourished bodies of unfortunate victims.

Is there any wonder then that plagues and epidemics

spreed with devastating effect, watched with helplessness by an ignorant and superstitious people and uninformed and panicky governments. Science, such as existed in those days, stood appalled at the spectacle of the uninterrupted march of plague, of smallpox and cholera.

Speaking of the living conditions in the tenement buildings of the City of London in the nineteenth century Simon said, "There are some places where the mortality is yet high, where a fact the cloud of death is always hanging, where the vitality of the people is seriously sapped and where disease makes an easy conquest. It is not enough that these places are the centers of such endemic diseases as plagues, fever and other putrid classes but often they become seats of stronger pestilences."

A similar to such living conditions existed at the same time in the City of New York where in 1894, according to the City Inspector 6,000 families, comprising 18,000 individuals, were living in underground cellars. "These dark, damp and dreary holes," said Stephen Santa, "are seldom penetrated by a ray of sunshine or enlivened by a breath of fresh air. At high tide water often wells up through the floors, stagnating them to a considerable depth. In very many cases the vaults or privies are situated on the same level as the cellars and their contents frequently ooze through the walls into the occupied apartments beside them." It was in such conditions as these that within two weeks the medical inspectors of the Committee on Public Health found twelve hundred cases of unreported smallpox and 2,000 cases of typhus fever. The average death rate for the City of New York at that period was 28 per 1,000 of the population.

Early steps in the control of epidemics had always been directed toward complete isolation of the sick irrespective of the comfort or convenience of the well members of the

family, a policy suggestive more of fear than any preventive effort. Only modern means of bringing about sanitary reform have sought to remove the inciting causes of disease. We recognize now that to isolate a case of contagious disease no matter how well enforced will do little to prevent its spread provided that filth, misery and uncleanness existed as a community standard of living.

The modern requirement of the reporting of contagious disease was not only a means of knowing where the infection existed, but brought to light the conditions of starvation, destitution and improper housing among a great proportion of the working population.

It was evident that although routine enforcement of such old established methods as isolation and quarantine were commendation medals of some value in the control of epidemics they would in the end be useless as mere gestures unless there was possible an improvement in the actual living conditions of the people. The demand for reform brought about the great rational efforts to ensure a good water supply for cities and the provision of adequate sewage and refuse collection systems, as well as a general improvement in the type of city dwelling used by the worker.

There are few American cities at the present time where cellular dwellings have not been entirely abolished.

So rapid and spectacular indeed has been the decline in epidemic diseases in nearly all civilized nations that the credit for the resulting improvement has become a widely discussed bone of contention by a variety of schools of health and social activities with the result that one group will assume a much greater share than another and in doing so seek to minimize or discredit the work of the others. It is questionable in the long run whether any faction other

that it does so in the social and economic conditions of the time, and the increasing activity of the great mass of the population have had much influence in assisting the receding tide of epidemic invasion.

DISEASES OF ENVIRONMENT

The greater number of epidemic diseases which swept over enormous continental areas were strictly diseases where possibilities of spread were directly questions of environment. This class would include smallpox, yellow fever, dysentery, typhoid fever, bacemic plague, cholera, and the typhus fever, ruminants and tuberculosis. All these with the exception of tuberculosis have ceased to be widely prevalent except in countries where famine, destitution and war exist as a result of war or economic revolution. As we view the conditions surrounding the existence of these diseases now, obviously we are in my claims that nutrition, isolation and quarantine have materially influenced their progress or limited their spread.

The great plagues have not been controlled to any visible degree by such methods although many claims of this kind are being continually made. We know for instance that the virus of typhus fever, formerly so mysterious in its spread is now shown to be carried by the body louse and in no other way. It cannot exist among a dense free population so that its spread is due to the same factors in the reduction of it. Has fever have been the neutralization of infected cases in fever hospitals, the good cleansing and disinfection of crowded schools and the surveillance of persons who have been exposed to infection? Cannot but be risk-taking as regarding the small part played by isolation and quarantine at the expense of the real reason, the improved cleanliness and surroundings of the homes and the habits of the greater part of the population.

Relapsing and remittent fevers are similarly diseases propagated by the same methods and exist by the same undesirable uncleanness as with the case of typhus fever. Their control is obviously one of the improvement of personal hygiene, in dwellings and in the doing away of areas of congested population. Hospitalization, isolation, quarantine and disinfection, although desirable are themselves of little account in the control of such diseases as these if there is not a simultaneous and general delousing and cleaning of the entire susceptible community.

In a similar manner the presence of bubonic plague is contingent upon a heavily infected rat population, without which plague cannot exist. The infected individual when well and free of infected fleas is of little danger to his neighbors. Strict health control measures cannot be applied to bubonic plague, in which the hope of limiting infection must depend upon the success of a general campaign by the engineers, builders and contractors to carry out adequate rat-proofing measures.

GASTRO INTESTINAL CONTAGION

Included in the group of gastro-intestinal contagious are cholera, typhoid fever and dysentery. These diseases have fallen to the vanishing point in these civilized nations. Here it is that excellent diseases whose spread to epidemic proportions can only be controlled by vast engineering undertakings for obtaining a clean and abundant water supply and an efficient sewerage system, preferably by water carriage.

The old methods of isolating the sick or quarantine and hospitalization can only to a limited degree control diseases in these diseases. It is true that infections are occasionally spread from person to person and that other conditions are frequently reported. The danger, however,

the infection that such cases is to be met by preventing possible pollution and infection of water and food supplies. Such control is limited and virtually impossible in large bodies of men such as in large armies or modern wars. The control of water in such places is only possible by a general and complete chlorination or into typical vaccination. That such methods are successful is clearly shown in the records available. In the American Civil War 36,000 soldiers died of typhoid fever in the Army in the North and in the Boer War in South Africa 8,000. Leads are given for this virus. In the World War in the United States alone 1,381,429 men there were and 200 cases of typhoid fever reported. In the age of science and medicine the disease is establishing itself as a pestilence. The occasional outbreak of typhoid fever has led to a person infecting a household or a small group of people. In countries where a massive pollution of the natural water supplies occurs as in India with its numerous rivers and lakes from which do not come out supplies of cholera and dysentery are naturally uncontrollable.

SMALLPOX, MENINGITIS, POLIOMYELITIS, ENCEPHALITIS AND TUBERCULOSIS

Of all the toxic diseases of epidemic type can it be said that hospitalization and isolation are an effective weapon in the control of such. Smallpox is however one in which the first patient is state, promptly and completely isolated so as to prevent observation an outbreak can be easily controlled. Such a procedure however, if it were used, would be useless in a massive infection and large numbers of people have been exposed to such diseases. The control has proved a powerful means of preventive which if carried out widely and completely will certainly stamp out smallpox. Certainly

isolation alone of the infected case under ordinary circumstances of life cannot be relied upon to control this highly contagious infection.

Epidemic meningitis, poliomyelitis and encephalitis, although usually classed as communicable diseases, are only slightly so, inasmuch as secondary cases in families are unusual and few infections among attendants upon the sick have been reported. These are diseases in which apparently the susceptible individual is selected as a result of a widespread infection of the tissues of normal healthy individuals with the virus of the disease. The isolation and quarantine of infected individuals by itself will do little to control wide-spread infection in meningitis and encephalitis. The helpless position of Health Departments in the control of such infections as these was never more emphasized than in the epidemic of poliomyelitis in 1916. Every kind and type of restrictive measure was adopted and ruthlessly pursued by puzzled and impotent administrations with absolutely no results in circumscribing or retarding the march of this disease over the civilized world.

The reporting of tuberculosis to Health Departments was a procedure of entirely different intent to that of contagious diseases, for no isolation or quarantine was attempted except when the patient was knowingly endangering the public health. The information obtained as a result of reporting tuberculosis has mainly been of use in tabulation of mortality and for directing efforts at improvement of living quarters, either in isolated instances or as mass attacks upon the insanitary living quarters. On the other hand reporting has brought to the attention of authorities advanced and hopeless cases and has signally failed in the main object in view of bringing incipient cases to the attention of physicians and health clinics.

It is a common attitude to attribute the greatly reduced

mortality from tuberculosis in recent years to whatever pet health official agency the speaker happens to represent. We can be virtually certain that the preventive methods so far adopted in the fight against tuberculosis such as reporting, hospitalization, medical treatment and advice have had but a small share in the responsibility for the reduction of mortality from this disease all over the world. Tuberculosis is pre-eminently a disease of low infective powers and has decreased in prevalence whenever living and working conditions have been bettered and the standard of hygiene raised, appearing from time to time and becoming apparently epidemic after wars, famine and national catastrophes in spite of the most expert and efficient steps taken to control it from the standpoint of a communicable disease.

THE PRESENT ENDEMIC INFECTIONS

With few exceptions there has been a remarkably lessening of the prevalence of epidemic or long-ages epidemic diseases since the 19th and 20th centuries. In Europe and in America the great plagues have ceased to exist or nearly so. In some areas such as Asia or India. The same general trend is still to be observed, though in more or less varying degrees, in the great tropical and sub-tropical zones.

At the same time it does seem that in many mortality from such diseases has increased. In the cities of the United States, for example, typhoid fever has increased since 1906. In 1913 and 1922 typhoid fever was reported to have caused 700 cases, fever 1200 and dysentery 1000 cases. It is probable also that in the regions of the United States where malaria is still prevalent, the mortality from this disease has been reduced 93 per cent since 1906. In the United States malaria has been reduced 85 per cent.

The typhoid fever mortality in the registration rural districts was not reduced in this period to the same extent as the cities (49%), the reason for this being apparently the more localized water supplies and the lack of modern plumbing and sewerage systems. There was, however, a comparatively similar fall in the mortality in rural districts from scarlet fever, 40 per cent, as compared with the cities.

Diphtheria is a striking instance of the success of modern life saving by the development of the anti-toxin serum. The reduction in mortality from this cause in the cities amounting to 28 per cent in the ten years, as compared with only 5 per cent from the rural districts. We have here apparently a proof of the value of this remedy. The availability of the anti-toxin in the city, and its almost universal free distribution to the physicians, has encouraged its use in doubtful and early cases of the disease. In the rural districts laboratory facilities are poor or slow in diagnosis of swabs, moreover anti-toxin is not stocked by the small druggist with a consequent delay in administration to the positive case and none at all for the suspicious or early cases of infection.

In the mortality from malaria the cities show a decreased mortality of 10 per cent in the ten years, whereas the rural districts show an increase in mortality from this cause of 87 per cent. With the drainage of swamps the efforts of mosquito extermination bodies and the filling in and drainage of low lying swamps around cities there has been a steadily decreasing prevalence of malaria in large urban districts. The reason for the increase of mortality from malaria in the rural districts may be explainable upon the basis of the change in the composition of the rural population in which the corrected rate might give an entirely different picture. It is difficult to believe that the rural districts are failing to any considerable extent in carrying out

most to banish this fearful malady for after a lapse of time the plague assumed a milder form as is the case with all or nearly all epidemics. We are inclined to boast, says Victor C. Vaughan, "that the age of pestilence has passed, but with a fair acquaintance with the history of epidemics I dare say that the world has never before known a pestilence more widespread, more intensive and appalling in its progress or more destruction of life than the epidemic of influenza, which apparently came into being and grew in violence as the world was passed through its final stages." Although there is reason to believe that mankind acquires immunity to epidemic attack after a longer or shorter period of time it is logical to suppose that more recent infections are those against which there is little or no immunity as yet developed. This may well be the case with pneumonia and measles respiratory diseases of such high infective power that even a high degree of personal hygiene and the intelligent application of all known safeguards by individuals fails to prevent contact infection between individuals. Although in the case of pneumonia a decreasing mortality is observable both in the cities (29% decrease) and rural districts (16% decrease) within ten years there is an increasing mortality from influenza during the same period, cities, 177 per cent increase; rural districts, 135 per cent increase. The ten years quoted were by no means epidemic years or years noted as free from the disease. During the great pandemic visitation of influenza of 1918, every modern administrative method of control was tried in vain by health authorities with no tangible results in controlling infection or limiting the spread of the disease.

ANNUAL REPORT

OF THE

Division of Sanitation

ANNUAL REPORT
OF THE
Division of Sanitation

Charles V. Craster, M. D., D. P. H., Health Officer

Dear Sir,

I herewith present the annual report of the Sanitary Division for the year ending December 31st, 1925.

Respectfully,

WILLIAM H. YOUNG,
Chief Clerk, Sanitary Division.

SANITARY CONDITION OF THE CITY

Garbage collections were not up to the standard during the months of January and February. This condition was caused by the very heavy snow falls during the early part of the year. It was impossible for the collectors to keep up with their schedule, and for that reason accumulations of ashes and rubbish piled up in cellars and back yards. As soon as the weather opened up extra men and vehicles were pressed into service by the Garbage Collection Division and in a short time most the cellars and yards were cleared of refuse and rubbish. Our Sanitary Inspectors report that in patrolling the City they find very few unsanitary conditions in vacant lots, cellars and yards. The number of complaints received in the office from citizens pertaining to violations of the Sanitary Code have dropped off considerably during the year 1925, and we take this to be very conclusive evidence that people, especially those living in

the more congested districts in the City have a more definite knowledge of sanitation than heretofore.

INSPECTION OF BATH HOUSES

In the early part of the year this Department made a general survey of all bath houses, both public and private in the City of Newark. In making this survey we became aware of the fact that some of the owners of bath houses were not any too particular as to the manner in which their patrons conducted themselves, especially with regard to sanitation.

We found it necessary to make night inspections of these establishments and inform the patrons of the importance of living up to the sanitary regulations governing bath houses. We found patrons who were either ignorant of all laws of sanitation and hygiene or were very careless as to the comfort and welfare of other persons using the baths.

A nurse was detailed to make night inspections on evenings set aside for ladies and we find from her reports that the women patrons of bath houses, particularly those located in the foreign settlements in the City, have less knowledge or regard for cleanliness than the male patrons.

We paid particular attention to the method in which the water of the swimming pools was treated, samples of water being taken once a week for bacteriological analysis. If the samples showed any evidence of pollution, the owner was notified to appear before the Health Officer and state his reason for the water being in such a condition. If a satisfactory answer was not forthcoming the owner was given twenty-four hours to thoroughly clean his pool and get it running and make whatever provision were necessary to insure the water being free from any pollution whatever.

A thorough inspection was made of the entire building, attention being given to the plumbing fixtures and system, condition of floors, walls and ceiling, and especially beds, bed linen, also cleanliness of towels and sheeting used by the patrons of the bath houses.

Frequent inspections have been made during the year and we find conditions greatly improved and the patrons have a better knowledge of sanitation and realize the importance and advantages to be derived by complying with the rules and regulations of this Department.

FACTORY SURVEY

A general inspection of a large number of factory buildings was made during the year. Some of the buildings visited were of the older type and a number of violations of our Sanitary Code had to be corrected before these structures passed inspection.

In some cases it was found necessary to request a complete change in the ventilating systems. It was found that toilet compartments were improperly constructed and in a majority of cases needed a thorough cleaning and painting.

In a number of the factories visited the old roller towel and drinking cup were used, and this being a violation of our Sanitary Code the same were ordered out and individual towels and drinking cups substituted. The factory buildings in general were found to be in a good sanitary condition. In some cases insufficient toilet accommodations and washing facilities were provided the employees and upon recommendations of our Inspectors more adequate accommodations were installed.

Where violations of other City Ordinances were detected the same were reported to the proper authorities to take whatever action they deemed necessary.

623 twenty-four local court summonses were served. It was necessary to serve these summonses as the conditions complained of required immediate abatement and would not warrant the usual court procedure.

INSPECTIONS MADE BY THE SANITARY INSPECTORS
DURING THE YEAR 1925

Total number of Inspections made.....	115,315
Inspections from Complaint Cards..	5,300
Original Inspections made	10,468
Special Inspections made	457
Total Number of Reinspections made..	36,218
Total number Nuisances Found	21,209
Notices Verbal Notices Served	8,496
Number of Written Notices Served	6,076
Number of Special Notices Served.	124
Total Number of Notices Served	14,696
Abatements from Verbal Notices.	8,103
Abatements from Written Notices.	8,387
Abatements from Special Notices.	68
Total Number of Abatements	16,558
Alleyways Inspected	17,256
Alleyways Insanitary	1,650
Areaways Inspected	7,915
Areaways Insanitary	1,111
Cellars Inspected	18,579
Cellars Insanitary	2,329
Yards Inspected	27,246
Yards Insanitary	3,235
Cattle and Chicken Slaughter Houses Inspections	5,132
Cattle and Chicken Slaughter Houses Insanitary	188
Cisterns and Wells Inspected.....	15
Cisterns and Wells Insanitary.....	3
Cisterns and Wells Closed.....	1
Factories Inspected	921
Factories Insanitary	103
Schools Inspected	988
Schools Insanitary	15
Stores Inspected	4,808
Stores Insanitary	431

Tenement Houses Inspected	8,430
Tenement Houses Insanitary.....	888
Houses Unfit for Habitation	13
Living Rooms Insanitary	1,459
Dark and Windowless Rooms	11
Theatres Inspected	741
Theatres Insanitary	7
Buildings with No City Water Supply.....	246
Buildings Unprovided With Water Closet or Privy Vaults.....	34
Buildings with Roofs, Storm Gutters or Leaders Defective.....	1,152
Plumbing in or on Premises Defective.....	1,674
Sewer Connections Ordered	43
Pits under Water Closets Defective.....	140
Water Closets Not Supplied with Water.....	1,087
Privy Vaults and Cesspools Inspected.....	88
Privy Vaults and Cesspools Insanitary.....	23
Privy Vaults and Houses Ordered Re-constructed.....	6
Privy Vaults Ordered Cleaned and Filled.....	46
Garbage and Refuse Accumulation.....	2,652
Stables Inspected	2,171
Stables Insanitary	357
Manure Accumulation	411
Manure Bins and Pits Uncovered.....	390
Streets Insanitary	37
Visits to Agents and Owners of Real Estate.....	3,360
Warning Cards Handed to Violators of Spitting Ordinance....	298
Arrests Made for Violating Spitting Ordinance	2
Days Detailed to Enforce Spitting Ordinance. ..	15
Number of Spitting Signs Posted... ..	185
Number of Hours in Court.....	665
Number of Inspections for Chicken and Ice Permits... ..	2,109
Notices Served for Inspectors Assigned to Other Districts.....	2,636
Dead Animals Reported.....	294
Complaints Referred to Other City Departments.....	139
Scavenger Dumping Grounds Inspected	97
Number of Quick Summons Served.	623
Home Work Applications Investigated.....	675
Dog Bite Cases Investigated	54
Unmuzzled Dog Cases in Court. . .	180
Vacant Lots Investigated	1,191
Miscellaneous Inspections Made	1,419
Warning Cards Issued to Violators of Dog Ordinance. . .	387

LICENSES ISSUED BY THE SANITARY DIVISION
FOR THE YEAR 1925

Animal Permits	64
Bird Store Licenses	9
Chicken Licenses	1,131
Commission House Permits	38
Ice Licenses	439
Refuse Permits	30
Scavenger Licenses	1
Poultry Slaughter Houses	57
Poultry Market Stall Holders Permits.....	29

**ANNUAL REPORT OF CHIEF SANITARY
INSPECTOR AND ACTING CHIEF OF
INDUSTRIAL HYGIENE DIVISION**

Dr. Charles V. Craster, Health Officer

Dear Doctor:

I herewith submit my report for the year ending December 31st, 1925.

Respectfully,

ANDREW J. BRADY,
*Chief Sanitary Inspector and
Acting Chief of Industrial
Hygiene Division*

My duties as Chief Sanitary Inspector bring me in all sections of the City and it affords me great satisfaction to report that the general sanitary condition of the City is very good and shows an improvement over that of last year.

Reports submitted to me by Inspectors of the Industrial Hygiene Division indicate that the various industrial plants and work shops throughout the City to be in a favorable condition. There are four inspectors attached to the Industrial Hygiene Division. It is their duty to make inspections of industrial plants and work shops throughout the City, and to turn in reports on the conditions found. Where violations of our Sanitary Code are detected notices are served, giving a specified time in which to abate the nuisance complained of. Where violations of the State Laws are detected the same is referred to the proper State Authorities for their attention.

The Inspectors investigate all occupational diseases reported to this Department, and make inspections of all Motion Picture Theatres, Theatres, Dance Halls, Public

Lodging Houses, Poultry and Cattle Slaughter Houses, Open Air Amusement Parks, Public and Private Bath Houses, Schools, Hospitals, Asylums, Railroad Stations, Public Comfort Stations, Artificial Ice Plants, Open Air Swimming Pools, Pool Rooms, Locations for Factory and cemetery sites. Samples of water are taken for bacteriological and chemical examinations.

The removal of ashes, rubbish and garbage throughout the city has been, as usual, very satisfactory, few complaints being received. The separation of garbage from ashes and rubbish is not strictly enforced. What garbage is separated is delivered to the City Piggery and used for feeding purposes. The ashes and rubbish collected is used for filling in meadow and marsh lands throughout the City, this practice has a tendency to eliminate mosquito breeding.

The Clean Up week conducted last Spring by the Department of Public Works should be continued as it causes the removal of the winter accumulation of rubbish, etc. from cellars, yards, and attics and greatly improves the sanitary condition of the City.

Investigation of several typhoid fever cases existing in families living in around Laceytown, Hardstone Township, Sussex County which adjoins our Water Shed, showed that children in the above families attended the Stockholm School which is located in the Water Shed. All the homes of the children infected, the school house and surroundings were thoroughly disinfected and fumigated. All children were vaccinated. The City of Newark provided the vaccine and the vaccination was performed by Dr. J. P. Uptegrove in conjunction with Mr. Thomas Reilly, Superintendent of the Newark Water Shed and Chief Inspector John Daffy. A detailed report of the above investigation was sent the State Board of Health by Dr. Chas. A. Craster, Health Officer of Newark.

Three out of the City Summer Camps were inspected at the request of the residents of Newark for the reason that a number of Newark children were attending these camps during the summer vacation. Samples of water were taken and a detailed report submitted to the Health Officer, as to the conditions found. A copy of which was sent to the State Board of Health for their information.

Twenty six Parochial Schools were inspected by the Health Officer, School Nurses and Chief Sanitary Inspector Brady. The schools were found to be in a very good sanitary condition and good state of repair.

The following are the number of visits made to the Water Shed for inspections and samples of city water taken for bacteriological and chemical examinations.

Number of visits to Water Shed.....30

On all night trips to and from Water Shed the toilets on railroad trains were closed while passing through the water shed area.

WATER AND ICE SAMPLES DRINKING WATER

	Bact	Chem
Oak Ridge Stream.....	24	12
Clinton Stream	24	12
Kanouse Stream	24	12
Echo Lake Stream.....	24	12
Macopin Intake	24	12
Cedar Grove Reservoir Outside Inlet Gatehouse.....	23	11
Cedar Grove Reservoir Outside of Outlet Gatehouse.....	24	12
Belleville Reservoir Inside of Inlet Gatehouse	24	11
Belleville Reservoir Outside of Outlet Gatehouse . . .	24	...
Department of Health Building.....	24	
Prudential Insurance Company, Broad Street before Filtration	13	.
Prudential Insurance Company, Broad Street After Filtration	13	.
Miscellaneous	7	...
Total Drinking Water Samples.....	275	94

SAMPLES OF WATER TAKEN FROM INDOOR
SWIMMING POOLS AND MIKVEHS

	Bact
Hill Bath, 188 Broome Street, Pool 11, Mikveh 18 total	29
Carlton Bath, 30 Hudson Street, Pool 17, Mikveh 10 total ..	27
Howard Bath, 147 Howard Street, Pool 19, Mikveh 3 total....	22
Mercer Bath, 32 Mercer Street, Pool	18
Y. W. C. A., 53 Washington Street Pool	23
Huber's Bath, 10 West Park Street, Pool	21
Y. M. C. A., 10 Halsey Street, Pool	23
City Bath, 24 Paterson Street, Pool	21
Newark A. C., 24 Park Place, Pool	22
Elks Club House, 1048 Broad Street, Pool... ..	20
Temple Bnai Abraham, 826 So. 10th Street... ..	21
Y. W. H. A., 656 High Street, Pool	2
Total	267

SAMPLES TAKEN FROM OPEN AIR SWIMMING
AND WADING POOLS

	Bact.	Chem
Branch Brook Park Wading Pool	4	
West Side Park Wading Pool	4	
Weequahic Park Wading Pools	2	
Vailsburg Park Wading Pool.. ..	1	
Dreamland Park Swimming Pool		
Total	17	

ICE AND MISCELLANEOUS

Natural Ice Samples taken	10	
Artificial Ice Sample	9	
Well Water in City (10 Wells).. ..	8	12
Well, Springs and Swimming Pools (Outside City)	21	2
Total samples to Bacteriologist	622	
Total samples to Chemist		108

NOTE: Pools, wading pools are included in the reports of the Bacteriologist and the Chemist.

INDUSTRIAL HYGIENE

Number of Mercury Poisoning Cases Investigated...	5
" " Lead Poisoning Cases	23
" " Other Cases Industrial Diseases Investigated.....	3
Sites Inspected for Varnish and other Oil Boiling Plants.....	1
Sites Inspected for Poultry Slaughter Houses.....	5
Factories Inspected	1,847
Inspections made with other Inspectors	113
Inspections made with Health Officer..	2
Inspections made out of City	58
Lodging Houses Inspected	62
Poultry Slaughter Houses Inspected...	82
Bird Stores Inspected	8
Night Inspections	45
Sunday Inspections	2
Noise Complaints Investigated	5
Dance Halls Inspected	208
Motion Picture Theatres Inspected	28
Public Bath Houses	143
Open Air Amusement Parks Inspected	11
Public Pool Rooms Inspected	16
Total Number of Inspections.	2,954

Hospitals Visited	78
Official Calls made on Health Matters..	2,158
Parochial Schools Visited	46
Days in Office for Health Officers..	28
Days on Special Work	162
Hours in Court	34
Special Re-inspections	20
Lodging Houses Re-Inspected	75
Poultry Slaughter Houses Re-Inspected..	227
Bird Stores Re-Inspected	4
Factories	1,153
Dance Halls Re-Inspected	50
Motion Picture Theatres Re-Inspected..	51
Public Bath Houses Re-Inspected	20

Total Number of Re-Inspections.....1,640

POULTRY SLAUGHTER HOUSES

Application for Public Poultry Slaughter Houses Approved	4
No Public Poultry Slaughter Houses in City.	21
No Private Poultry Slaughter Houses in City..	37
Cattle Slaughter Houses Inspected	3
Railroad Depots Inspected	6
Railroad Freight Yards Inspected	4
Public Comfort Stations Inspected	3
Artificial Ice Plants Inspected	5
Ice Depots Inspected	9
Dilapidated and Dangerous Buildings Inspected	13
Ash Dumps Inspected	3
Cemeteries Inspected	3
Inspections of Water Shed	5
Buildings and Locations for Lodgings Houses Inspected....	2
Locations to be Used for Cemetery Purposes Inspected	1
Public and Private Schools Inspected	15
Hospitals Inspected	21
Asylums and other Institutions Inspected	9
Inspectors Reports Verified	30
Abatement Notices Served	21
Verbal Notices Served	560

Total Number of Notices Served.. 571

Abatements From Written Notices..... 20

Abatements from Verbal Notices..... 46

Total Number of Abatements..... 693

Written Reports Made to Health Officer..... 114

SPECIAL INVESTIGATIONS FOR HEALTH OFFICER

Illuminating Gas Deaths.....	0
Carbon Monoxide Gas Poisoning Cases.....	5
Noise Complaints.....	11
Feeble Minded Persons.....	4
Persons Applying for Insulin Treatment.....	14
Special Complaints Investigated.....	2
Violations Referred to Other City Departments.....	23
Out of Town Investigations Made.....	4
Sick Visits Paid to Employees.....	33

REPORT OF DETAILED INSPECTION OF RABIES

Dr. Charles V. Craster, Health Officer.

Dear Doctor:

I herewith present my annual report on Rabies Investigations for the year ending December 31, 1925.

Respectfully,

CHARLES F. CONRAD,
Health Inspector.

Although there was a slight decrease, the past year has again been marked by an exceptionally large number of persons, bitten by dogs, a total of 1,120 as compared with 1,169 in 1924. The brains of 106 suspected animals were examined, and of this number (22) (city cases) and (23), (out of city cases) proved to be positive, making a total of (45) Positive cases, as compared with (74) Positive cases in 1924. Forty two persons were given Pasteur treatments, as compared with fifty eight in the preceding year. Rabid dogs were found in twelve of our sixteen wards, with the largest number (4) coming from the 8th Ward (Forest Hill Section). The 6th, 7th, 10th, 15th Wards were free from rabies. There was only a slight seasonal variation, as Positive cases were found in ten of the twelve months of the year Feb. and Dec. being the only months that were free from rabies. July had the greatest number (4) where as January in mid winter had (3). Three each were also found in May and Sept., two in each month of June, Oct. and Nov. and one in each month of March, April and August, proving that rabies is an all year around disease.

Fifty suspected animals were examined from 19 of our surrounding cities and Towns, of which number (23) proved Positive and (27) were found Negative. Six suspected

Cats were examined and were found with Negative results. One Human Brain examined and same proved to be positive.

ASSOCIATED HUMANE SOCIETY'S CO-OPERATION

Eighty-eight stray dogs, mostly of the vicious type, were sent to the Associated Humane Societies Shelter for observation. Some were released to their owners and others were destroyed after a trial of observation. The carcasses of one hundred and ten dogs that were destroyed and buried, were promptly removed by the Society. The Society and the Police Department is co-operating and giving aid and comfort to the public and animal service.

Following is a report of investigations in rabies work for the year 1925, as compared with the year 1924.

	1925	1924
Persons Bitten by Dogs.....	1,100	1,141
Persons Bitten by Cats	15	24
Persons Bitten by Other Animals	5	4
Total Number of Persons Bitten.....	1,120	1,169
Original Inspections	1,814	1,892
Re Inspections (animals under observation).....	1,503	1,575
Final Inspections (animals under observation).....	1,250	1,295
Total Number of Inspections Made.....	4,567	4,762
Number of Animals Bitten....	144	177
No. of Animals Sent to Humane Society (Observation)	88	95
No. of Animals Sent to Humane Society (Destroyed) ..	110	107
Total Number of Animals Sent to Humane Society (alive and destroyed).....	198	202
Cases reported by Police Department.....	410	435
Number of Persons Given Pasteur Treatment.....	42	58
Total Number of Suspected Animals Examined.....	106	172
	Pos. Neg.	Pos. Neg.
No. of Suspected Animals Examined (City) ..	22 34	23 50
	Pos Neg	Pos. Neg.
No. of Suspected Animals Examined (County) ..	23 27	50 49
One Human Brain Examined (Positive)		

Persers bitten by Animals (by months) for year 1925, as compared with year 1924

	1925	1924		1925	1924
Jan.	67	67	July	129	150
Feb.	62	58	August	118	97
March	61	72	September	103	109
April	103	111	October	73	100
May	111	109	November	66	81
June	142	168	December	56	47

LABORATORY EXAMINATIONS

Suspected animal brains examined at the Laboratory

The following shows that there is no seasonal prevalence in Rabies and only slight seasonal variations, proving that it is an all year around disease.

City Cases					1925	Out of City Cases				Total	
Positive	Negative					Positive	Negative				
1925	1924	1925	1924			1925	1924	1925	1924	1925	1924
3	1	2	5	January	2	5	2	4	9	15	
0	2	2	2	February	1	5	0	4	3	13	
1	3	5	4	March	4	4	3	2	13	13	
1	4	3	6	April	4	3	2	7	10	20	
3	0	3	5	May	2	8	1	8	9	21	
2	4	5	9	June	4	6	5	5	16	24	
4	1	3	6	July	1	1	3	7	11	15	
1	0	3	3	August	0	3	2	2	6	8	
3	1	2	0	September	2	3	3	2	10	6	
2	1	1	4	October	2	2	0	3	5	10	
2	4	2	4	November	0	4	3	3	7	15	
0	2	3	2	December	1	6	3	2	7	12	
22	23	34	50		23	50	27	49	106	172	

1 (one) Human Brain examined (Positive).

1	2				3				4				5				6
	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
E	48	40	82	57	3	115	32	69	84	48	2	55	92	143	74	148	1120
R	2	1	1	1	1	0	0	4	3	1	2	3	1	1	0	2	2

The following table shows the number of persons bitten, suspected animal brains examined, positive and negative cases, and persons given Pasteur treatment in Newark since 1910:

	Persons Bitten.	Animals Examined	Positive Cases	Negative Cases	Persons given Anti rabic Treatment
1911	218	33	21	12	40
1911	350	28	13	15	26
1912	536	46	21	25	62
1913	612	43	17	26	41
1914	500	30	7	23	13
1915	506	38	3	35	3
1916	432	17	3	14	4
1917	506	42	20	22	31
1918	505	25	15	10	43
1919	493	19	5	14	4
1920	405	19	4	15	4
1921	3	16	0	16	0
1922	654	59	28	31	13
1923	628	163	67	96	92
1924	1160	173	74	99	58
1925	1,12	107	45	61	42
			—		
Total.....	9,689	858	343	514	476

This table shows that the year 1921 was free from Rabies. Of nineteen animal brains examined it was found to be negative. In 1924 all suspected rabid animals (74) and the number of persons given Pasteur treatments (58) was in the year 1923.

The following is a list of Positive and Negative (out of City)
 number of rabid dogs from out of city cases examined

	Pos	Neg		Pos.	Neg
Bloomfield, N. J.	5	9	Bernardsville, N. J.....	1	0
Clifton, N. J.	4	7	Caldwell Towns'p, N. J.	1	0
Paterson, N. J..	0	0	Midvale, N. J.	1	0
West Orange, N. J.	3	1	Belleville, N. J.	0	2
Irvington, N. J.	1	1	Madison, N. J.	0	1
North Arlington, N. J.	0	1	Hillside, N. J.	0	1
Rutherford, N. J.	1	0	Haledon, N. J.	0	1
Glenridge, N. J.	1	0	Nutley, N. J.	0	1
New Providence, N. J.	1	0	Orange, N. J.	0	1
Livingston, N. J..	0	1			

The following are the dogs from N. J. Springfield N. J., and
 Orange N. J., which were sent here to be examined, were found to
 be negative. The following are the dogs from N. J. which were
 examined

REPORT OF CHIEF PLUMBING INSPECTOR
FOR 1925

To Dr. Charles V. Craster, Health Officer

Dear Sir:

The report of the Plumbing Division activities for 1925 is hereby submitted.

Respectfully,

CHARLES A. HALLGRING,
Chief Inspector

The activities of the Plumbing Division during the past year kept it abreast with the year 1924 with the exception of a slight falling off in the number of plans filed.

During the year all inspectors were added to the staff which now consists of seven inspectors in the field.

Special effort was made to check up on the completed work by the additional inspectors, which resulted in almost three thousand more final inspections than the previous year.

The demand for housing is now well supplied and the new building during the year was mostly business properties, especially stores. Several large office buildings are now under construction, the plumbing of which is the best obtainable.

The new sewers in part of the meadow district are now completed, and as the factories make sewer connections the use of septic tanks will be discontinued. The septic tanks have given very satisfactory results however, and the disposal of sewage has never been a problem in this district.

All the industrial plants in this meadow district have been notified to cease pollution of the Passaic River and while many have already complied with the notices there are still a number who have done nothing and will be prosecuted by the Passaic Valley Sewer Commission. The city has been assisting in every way possible.

ACTIVITIES OF PLUMBING DIVISION

1925

Plans received and filed

New systems	1,037
Additions	1,467

	1925	1924
Plumbing permits issued.....	3,104	3,131
Sewer permits issued.....	1,547	1,512
Relay sewer permits issued.....	166	142
Cesspool permits issued.....	0	6
Septic tank permits issued.....	1	7
Water tests	2,511	2,486
Smoke tests	1,292	1,239
Plumbing inspections	5,651	2,869
Special inspections	52	214
Sewer inspections	1,811	1,717
Final Inspections	2,674	2,480
Plumbing violations served.....	67	58
Plumbing violations complied with.....	47	40
Complaints received	39	17
Notices served	11	58
Notices served	11	40
Suit cases instituted.....	20	22
Suit cases discontinued.....	12	13
Suit cases pending	3	1
Fines imposed	\$400.00	\$400.00
Hours in court	44½	71
Meeting of Examining Board.....	12	12
Application for master plumbers' license.....	78	72
Passed examinations	33	20
Master plumbers' license issued.....	new 31	
	renewed 444	475
Septic tanks installed.....	1	7

ANNUAL REPORT

OF THE

**Communicable Disease
Division**

ANNUAL REPORT
OF THE
Communicable Disease Division

To Doctor Charles V. Craster, Health Officer.

DEAR DOCTOR:—The report of the Communicable Disease Division is herewith submitted to you for the year ending December 31st, 1925.

There is shown a decided decrease in the total number of cases of contagion occurring this year over the preceding year as a whole. This decrease is notable in Measles, German Measles and Mumps. Scarlet Fever shows a moderate increase. Diphtheria is in an anomalous position, showing a decrease in total number of cases with an increase in death rate. This is no doubt due to delayed use of antitoxin, incorrect diagnosis or lack of hospitalization.

Your attention is called to the fact that increasing use of diagnostic service has been shown by the total number of cases visited namely 743. More efficient and active follow up of cases discharged from Soho has also been a factor in reducing occurrence of disease.

The school exclusion work has also been very closely checked.

Respectfully submitted,

JOSEPH WILLIAM GARDAM, M. D.
Director Communicable Disease Division

IRWIN C. DAKIN,
Chief Disinfecting Inspector.

CASES

	1925	1924
Diphtheria, including erythrasma, placarded	809	578
Scarlet fever, placarded.....	1,128	1,011
Measles, placarded.....	1,970	3,030
Infantile paralysis, placarded	28	12
Small-pox	2	4
Epidemic meningitis.....	12	18
Typhoid fever	56	47
German measles	472	2,224
Whooping cough	2,023	2,561
Influenza	270	338

DISINFECTIONS

Diphtheria ..	478	581
Scarlet fever ..	1,193	872
Tuberculosis ..	533	574
Epidemic meningitis ..	12	18
Infantile paralysis ..	28	12
Small pox ..	2	4
Special ..	139	173

MISCELLANEOUS

Visits and re-inspections	34,884	40,168
Nuisances found	80	64
Funerals supervised	110	116
Number of rooms disinfected	4,929	7,921

COMMUNICABLE DISEASE DIVISION, 1925

	NUMBER OF CASES REPORTED										NUMBER OF DISINFECTIONS										MISCELLANEOUS				
	Typhoid					Paratyphoid					Typhus					Scarlet Fever					Diphtheria				
	No.	Per 100,000	Male	Female	Total	No.	Per 100,000	Male	Female	Total	No.	Per 100,000	Male	Female	Total	No.	Per 100,000	Male	Female	Total	No.	Per 100,000	Male	Female	
January	45	67	33	1	34	3	24	16	0	16	5	156	43	1	44	350	3685	4	10	536					
February	53	141	98		151	2	51	51		102	3	156	45	1	46	342	3434	5	8	471					
March	55	9	65		120	3	8	83	1	84	45	33	46	1	46	3	3336	6	5	588					
April	86	124	9		133	4	10	10	0	10	846	63	14	5	865	44	16	0	3	683					
May	1	43	3		46	1	80	16		16	85	8	3	16	35	355	678	3	4	585					
June	32	33	34	6	66	3	106	3		3	43	48	9	47	4	707	2825	8	12	145					
July	43	36	146	9	188	1	5	11		11	44	51	47	44	1	156	282			341					
August	8	17	0	5	12	1	15	8		8	24	22	53	1	5	121	105	5	1	263					
September	27	22	16	3	42	1	92	4	6	10	178	24	17	44	3	96	2483	6	10	44					
October	4	8			4		46	5	1	6	86	45	3	33	1	129	2615	4		160					
November	15	66			15	2	1	73		3	12	8	2	36	2	127	1628	6	5	216					
December	58	8			58	1	4	5	19	24	13	4	80	4	1	166	334			1					
Total	527	1815	6	8	531	12	56	1634	1	1645	48	14	54	3	58	156	2701	3884	66	6	4939				

DISEASES REPORTED BY WARDS FOR YEAR 1925

Disease	Total 1925	Total 1924	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Scarlet Fever	509	575	26	13	46	11	63	22	24	31	39	41	18	50	41	4	1	5
Typhoid Fever	1128	1011	50	44	96	19	38	64	49	90	172	37	52	25	5	4	14	6
Para Typhoid	56	47	4	2	5		5	4	3	10	3	1	6	3				
Tuberculosis	4	5			1												2	
Pneumonia (Bronco)	872	909	63	74	95	44	60	41	68	57	56	31	41	37	5	5	58	4
Epidemic Meningitis	1551	1596	105	62	223	56	22	35	116	53	58	116	1	5	26	5	5	5
Infantile Paralysis	980	1107	102	35	84	38	74	36	76	52	72	83	53	57	10	5	5	5
Whooping Cough	12	18	2		1						2	2	1	3		1		
Measles	28	12	1		1		2	3		5	2		3	3	1	4	1	2
Scarlet Fever	2033	2033	88	5	1	56	61	14	8	11	68	33	54	16	10	10	11	10
Measles	110	600	105	5	100	28	8	111	54	116	85	103	115	85	15	115	10	11
Scarlet Fever	4	22	1			11	8	22	18	2	81		33	2	4	1	5	1
Croup	1418	1613	84	35	85	37	53	93	80	103	160	59	72	74	151	132	74	126
Measles	282	2202	13	8	21	8	4	35	34	15	22	8	15	7	25	30	17	20
Typhoid	9	15	1	2	1							1				3	1	
Infantile Paralysis	12	20	1		2				1		1		1	1	1	2	2	
Scarlet Fever	251	265	5	8	5	13	4	14	9	1	38	15	3		15	5	11	
Malaria	4	9				1					2			1				
Puerperal Fever	7	17						1	1		1	1	1			1	1	
Puerperal Septicaemia	32	15	3	3	8	4		2	2		2	4			1	3		
Salmonella	2	4														2		
Mental Deficiency	13	21	2	1						1	2	1	1	1		3	1	
Epilepsy	29	25		2	6	2	2	1	4	1	1		2	1		2	5	
Dysentery	10	4			1				1			7	1					

SPECIAL TABLES

SHOWING

DISEASE DISTRIBUTION BY MONTH AND WARD

DIPHTHERIA

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	4	3	2		3	1	3	1	3	4	2	3	3	6	1	6	45
February	3	1	5	1	2	1	6	1	2	2	2	4	1	2			33
March	4	1	5	3	10	3	2	1	4	2	2	3	3	4	5	2	53
April	4	4	7	2	10	1	1	1	4	5	2	2	1	3	2	5	54
May		1	3	2	5	5	2	4	3	8	1	1	6	4	2	1	47
June	2	1	4	2	7	2	2		5	6	1	2	2	1	1	1	39
July	3		2	1	7	1	2		2	6	4	3	3	2	3	1	43
August	2		2		4	1		3	2	2		3	3	2	2	2	28
September	1	1	3		6			3	2			8		1		2	27
October		2	4		4		1	4	4	3		7	8	10			47
November	1		3		1	3	1	2	3	2	6	7	3			1	35
December	2	1	6		4	4	4	9	2	2	3	8	5	3	1	4	58
Total	26	13	46	11	63	22	24	31	39	41	18	50	41	47	17	25	506

SCARLET FEVER

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	5	8	13	5	7	7	5	11	19	6	9	3	19	16	8	26	167
February	3	6	13	3	4	10	13	17	34	2	8	4	13	12	4	25	171
March	7	11	22	2	3	19	10	17	47	7	6	4	34	18	5	27	239
April	13	6	11		6	9	9	8	29	6	9	1	8	12	4	23	154
May	4	4	11		1	4	3	14	15	2	5	2	2	7	1	18	93
June	8	3	5	2	2	3	2	6	6	2	4	2	3	4	6	5	63
July	3	3	4	2	1	4			3	1	1		2	3	3		30
August	2		1			2		3			2	1	1	2	1	2	17
September			1				1	1	2	2		2	4	9			22
October	1	1	1		1	2	1	3	2	1			6	4	3	2	28
November	3	1	8	1	7	1	3	3	8	3	2	2	9	2	2	11	66
December	1	1	6	4	6	3	2	7	7	5	6	4	12	2	5	7	78
Total	50	44	96	19	38	64	49	90	172	37	52	25	113	91	42	146	1128

TUBERCULOSIS

	1	3	4	5	6	8	9	10	11	12	13	14	15	16	17	18	19	20
1	6	3	4	7	5	1	9	5	2	3	1	6	7					
2	7	5	4	6	7	5	4	5	1	5	6	9	5	5				
3	7	7	9	6	3	10	5	4	3	3	2	9	4					
4	10	9	3	6	1	7	4	9	1	4	3	4	3	4				
5	5	12	3	5	5	6	5	2	1	3	5	5	5	3				
6	5	10	1	7	5	5	2	8	2	2	4	9	5	2				
7	5	9	3	4		3	4	4	12	2	1	1	7	3				
8	6	3	4	1	4	7		7		3	2	3	4	4				
9	8	7	5	3	1	8	6	5	3	6	5	6	6	1				
10	3	14	3	4	6	6	8	5		3	1	10	8	4				
11	7	9	3	4	3	9	10	2	2	3	5	3	2	2				
12	5	7	2	4	1	1		1	4	4	2	8	1					

BRONCHO PNEUMONIA

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
January	12	6	13	7	14	6	6	9	7	13	13	10	9	7	4	10	1
February	7	2	9	3	8	4	4		7	7	5	9	3	3	5	6	
March	16	6	16	6	9	5	5	9	9	7	4	9	2	10	6	5	1
April	17	6	12	7	8	6	9	2	10	19	7	18	2	15	14	6	
May	5	7	13		11	1	8	7	6	14	3	3	7	10	6	6	
June	15	1	3	4	8	3	5	7	6	8	3	3	2	7	8	2	
July	2	1	2	1			6	1	5	1	2			2	3	1	
August	2		1		1	1	4	2	3	3	1			1	1	1	2
September	31		2		1	2	3	4	3	4		1	3	5	3	2	
	31	3	1	2	5	3	9	1	4	13	5		3	4	1	4	1
	5	1	7	2	5	2	7	3	7	1	7	1	5	3	3	3	62
	15	2	5	6	4	1	10	7	5	5	3	3	3	6	1	3	8
Total	102	35	84	38	74	36	76	52	72	83	53	57	40	73	55	50	990

TYPHOID FEVER

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15, 16	Total
January								1								1
February									1							1
March							1									1
April		1				1	1	1				1				6
May																0
June	1				1	1	1	1				1		3	1	8
July	1													1	1	3
August					1	1		1							1	4
September												1				1
October																0
November																0
December		1														1
Total		1	1			2	2	3	1	1		2		4	2	16

WHOOPING COUGH

1925	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Jan	8	1	1	5	20	3	1	21	55	1	1	1	8	5	51	284
Feb	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12
Mar	1	15	1	1	1	1	1	1	1	1	1	1	1	1	1	53.8
Apr	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5.1
May	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10.7
June	15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	96
July	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19
Aug	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23.1
Sept	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Oct	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	46
Nov	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Dec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Total	88	8	1	1	1	1	1	1	1	1	1	1	1	1	1	2023

N. S. N.

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	162
Feb	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	198
Mar	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	195
Apr	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	219
May	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	332
June	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	346
July	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	146
Aug	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40
Sept	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16
Oct	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	37
Nov	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	67
Dec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22
Total	193	51	100	28	118	114	54	110	282	103	115	135	178	113	102	223	1970

1925 N. S. N.

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Jan	5	1	2	4	1	1	1	1	1	1	1	1	1	1	1	1	16
Feb	11	5	4	1	1	3	5	4	2	1	4	2	2	1	3	4	51
Mar	21	8	4	1	2	4	2	2	10	4	6	2	8	3	5	8	82
Apr	10	5	4	1	1	8	4	7	13	1	9	1	8	6	10	15	101
May	10	5	3	1	1	3	3	16	9	1	6	1	10	5	13	5	90
June	11	3	6	1	2	2	3	7	9	2	5	1	6	5	5	7	73
July	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11
Aug	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Sept	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4
Oct	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5
November	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12
December	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19
Total	120	40	11	11	8	2	18	1	54	1	55	1	1	1	1	1	473

CHICKENPOX

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
January	10	7	5	2		1	6	6	15	6			10	10	6	44
February	7	16	10	8	5	0	5	4	1	1	5	3	5	13	2	48
March	13	3	3	3	1	8	5	4	10		8	4		14	8	5
April	8	1	13	2	5	1	6	5	16	4	4	6	13	2	1	7
May	14	3	7	8	5	1	5	3	1	5	22	30	8	5	6	165
June	9	4	10	8		10	10	14	14	8		20	10	55	24	8
July	2		7		1			4	4	1	3	4	12	6	3	5
August	1		1	2				3		1		1	1			42
September	0	1					5	5	5				1	4		18
October			2		5		6	5	1	4			1	3	5	44
November	5		1	2	1	6		10	4	3	4	3		8	3	1
December	13		20	2		5	5	5	13	12	5	6	10	12	5	78
Total	84	35	85	37	50	95	80	104	60	59	71	4	151	147	6	148

MEASLES

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January			3	2				3	1	1	5	4		6	4	4	45
February		2	4	1					3	2			4	5	1	1	35
March	1	2	6	3	1	6	8	5		3	3	4	9	4	1		86
April	6	21	1	1					8		5		1	3	1	9	39
May	1	1	3			6		1	2				5	3	5	3	45
June									1	1	1		4	2			12
July									1	1	1			1			5
August			1		1	1	1	1	1						1		6
September	1										1			2	4		9
October	1	1	1			2	2	1	1		1			1	1		12
November	1	2	1	1	1									1			5
December	1	11	1	1					4				1	2		1	18
Total	13	38	21	8	4	35	34	15	22	8	15	7	25	30	17	20	285

ERYSIPELAS

1925	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	4	1	2	1			3	3	6	2		1	4		3		5
February	1			1		2	1	2	2	2	2	1	1	5	1		20
March	2	2	4	4		1		3	3	3	1	2	1	2			46
April	1	2	3	2	1	6	1	3		3					5		33
May	4	1	1		2	2	1	1	4		4	1	3	4	3		35
June	4		3					2	3	2	3	1	1	4			25
July			1						1		1		1	2			5
August													1				1
September	1						1	1	1								5
October		1	1	1					1				1				5
November	2		4	1		1	1	2	1	1	1		1	1		3	19
December	2		4	2	1	2	2	3	1	2		1	1	1		1	28
Total	21	8	24	12	5	14	10	22	35	15	13	7	15	22	14		211

LOBAR PNEUMONIA

1978	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
10000	18	2	0	5	52	18	5	10	15	2	4	18	9		3	8
Percent	4	55	6	11	11	4	3	4	7	1	3	13			6	13
Mean	1	8	96	13	11			18	0	9	14	1	18	8	7	12
Age	12	10	96	7	12	11	6	11	8		10	9		8	7	102
Mean	16		96	5	10	7	6	8	4	5	9			7	11	14
Age	4	5	6	5	5	4	1	1	11	6	5	5	4	6	4	3
Age	2		6	7	6	3			7	5	2		4	6	7	12
Age			5	6	2	4			5	4				5	7	16
Age	5	4	3	3	3	3	3	3	3			4		3	4	6
Age	8	7	0	8	6	5	8	5	8	6	6			5	4	80
Age				5	8	7		7	7	5	5	5	5	7		80
Age	4		0	8		6	9	10	4	4	3	6	6	4	8	5
Age	105	6	193	5	6	25		5	4	5	10	4	95	66	75	255

EPIDEMIC MENINGITIS

[illegible]

INFANTILE PARALYSIS

1925	1	2	3	4	5	6	7	8	9	10	11	12	13, 14	15	16	Total
January	.							1								1
February																0
March								1							1	2
April																0
May																0
June					1				1		2		1	2		6
July			1					1				3		2	1	9
August					1	2		1			1					5
September						1		1								2
October	1								1							2
November																0
December																0
Total	1				2	3		2			3	3	1	2	1	18

ENCEPHALITIS LETHARGICA

[illegible]

INFLUENZA

[illegible]

ANNUAL REPORT

OF THE

Food and Drug Division

ANNUAL REPORT

OF THE

Food and Drug Division

To Charles V. Craster, M.D., D.P.H., Health Officer.

DEAR DOCTOR:—Hereby I submit the report of the activities of the division for the year ending December 31, 1925.

Respectfully,

SAMUEL G. SHARWELL,
Chief Food and Drug Inspector.

DAIRIES

**"A" raw dairies supplying milk to Newark	39
**"A" raw dairies reinspected as to sanitation	285

**The tuberculin testing of cows in these dairies, is under the direct supervision of the State Department of Agriculture. These dairies are situated upon a radius of ten miles of this city with three exceptions.

1. (Note) **During the year, there were 2,250 cows tuberculin tested by the State veterinarians. In some cases the subcutaneous test was applied in connection with the intradermal test. In other cases, the intradermal test was applied in connection with the intracutaneous test. A total of 160 reactors (or 7.1%) were found, and were removed from the dairy premises to different abattoirs. The slaughtering of the reactors was under the State and Federal supervision.

There are at present, fourteen milk dealers selling in the City of Newark. The supervision of the dairies is taken care of by the Medical Milk Commissions and by this Department.

**"A" pasteurized dairies inspected and scored	588
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*Of the 188 dairies scored, 180 scored the 65 points, or more required by our milk ordinance, and 8 scored below the required amount. Of the dairies scoring below 5 were placed in the grade "B" class. One dairy was rejected entirely, due to tubercular reactors having been found in the dairyman's herd, and were not properly segregated after being notified to do so.

*"B" pasteurized dairies not inspected or scored.....2,173

*These 2,173 grade "B" dairies ship milk to 27 creameries delivering milk to Newark. These creameries or receiving stations were each inspected twice this year.

COWS

1 (Note) *This Department requires all cows added to a raw milk herd to be subjected to the subcutaneous and ophthalmic tests.

The cows are checked up every three months in our grade.

"A Raw" dairies, to see that our ruling is adhered to. In a few instances the cows added were compelled to be removed, for not complying with our requirements. Due to the strict supervision of these dairies, you will note the small percentage of reactors found. We find no sickle cows or reactors in herds in Michigan.

MILK EXAMINATIONS

Sealed Chemical samples taken	1,857
Sealed chemical samples below legal standard...	61
Bacterial samples taken	2,793
Bacterial samples within the required count.	2,434
Preliminary samples taken	1,527
Preliminary samples below legal standard	88
Temperature tests taken at creameries (both night and morning)	7,620
Sediment tests taken at creameries (40-quart cans)...	3,811
Sediment tests taken at Food and Drug Laboratory	2,793
Sweet and sour cream samples obtained	84
Sweet and sour cream samples below standard.	5

*Of the 27 creameries milk samples obtained, 143 were found to contain tubercle bacillus. Immediately upon receipt of reports from a laboratory, the dairyman was notified by telephone, where possible. In every instance the dairyman was sent a written notice.

to employ the services of a licensed Veterinarian to examine the entire herd of cattle to find the ones infected. Within a period of five days, the dairyman was compelled to return the notice, properly filled out by a doctor. A notice was also sent to the retail dealer, serving the product that if we again find's rejection and pus in the milk he handles, that he must change the supply.

In no case do we allow milk from isolated cows to be used for consumption, as the dairies where the infected cows are found, are placed under close surveillance, until the veterinarian reports that the cattle are free from infection.

At present, there are forty creameries and receiving stations shipping milk into Newark (grades A and B pasteurized). Of the 3,811 sediment milk samples taken, 3,346 were clean, 12 were fairly clean, 400 were dirty, 28 were very dirty and 25 were filthy.

Where the dirty, very dirty and filthy sediment milk samples were found, an inspection was made of the grade B dairies, and a reinspection was made of the grade A dairies, and if the condition was found unsanitary, the dairy was excluded from the creamery.

At the creameries, there were 1,320 quarts of milk destroyed, due to not being clean or not being properly cooled as required by this Department. Our ruling is that the grade "A" milk must be cooled to a temperature of 50 degrees fahrenheit or lower, and the grade "B" milk must be cooled to a temperature of 60 degrees fahrenheit or lower, when delivered by the dairymen to the creameries. (This ruling applies to both night and morning's milk).

There are 7 pasteurizing plants located within the boundaries of Montclair, Irvington and Newark from which milk is offered for sale in this city. An inspection of the plants was made at least one day every week during the year.

MILK BACTERIAL COUNTS

The following is a table of the bacterial counts, per cubic centimeter, allowed by our ordinance for the various grades of milk:

	Maximum Count
Certified	10,000
"A" raw	100,000
"A" pasteurized	30,000
"B" pasteurized	50,000

MILK DISTRIBUTED TO NEEDY FAMILIES, GRATIS

In the following table, you will note that there are 2763 free milk samples taken. The total composition and quality bottles of the samples were obtained from dealers giving a Newark rating 185. When the sample bottle of milk is first obtained, it is delivered to our laboratory where a portion is reserved for the bacterial count, and for a sample of this is reserved for chemical analysis. The balance of the sample is delivered to the dealer. The free milk is distributed to needy milk is given to the needy families in this operation, making, to the cases

MILK AND CREAM LICENSES

Store licenses issued (1,647)	\$3,294 00
Dealers and stores handling more than one grade of milk, 148, a fee of 50c is charged for each additional grade of milk handled)	74 00
Cream licenses issued to stores and wagons (793)	396 50
	\$4 660 50

FINES PAID FOR SAMPLES OF MILK AND CREAM
BELOW THE LEGAL STANDARD

Milk and sweet and sour cream samples..	\$915 00
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*Note: Four Costs of Court were collected on milk cases turned in for suit, \$1.85 cost on each case, making a total of \$7.30.

FINE PAID, SAMPLES OF SODA WATER FOUND TO CONTAIN SACCHARINE

1 Mineral Water Dealer paid..... \$50.00

ICE CREAM SAMPLES ANALYZED

On February 20, 1922, the State passed a law regarding a standard for ice cream. The law calls for eight per centum of milk fats to be contained in ice cream, except when the ingredients include fruit, nuts or eggs, in which case it shall contain not less than six per centum of milk fats.

During the year 1922, the following samples were obtained and were analyzed at our laboratory.

306 samples of ice cream analyzed (118 manufacturers).

283 samples averaged above 8% milk fat

23 samples averaged below 8% milk fat

Highest sample of ice cream analyzed 20.50%

Lowest sample of ice cream analyzed 1.60%

No prosecutions for ice cream found below the standard, were made. The violators were instructed by this Department, to add more cream to the product to bring it up to the standard. Other samples were taken from these establishments, and all came up to the State standard.

FOODSTUFFS CONDEMNED

The foodstuffs condemned as being unfit for consumption, were as follows:

POULTRY AND SEA FOOD

1,968 cans sardines

412 lbs. miscellaneous fish

OTHER FOOD PRODUCTS

2- ½	barrels apples
175	pretzels
60- ½	lbs mis meats
9	lbs. cake
5	packages noodles
30	crates peppers
94	lbs. walnuts
28	baskets cherries
57	barrels potatoes
8	package raisins
2	lbs hazel nuts
4-5	gallon can butter
278	crates canteloupes
1,419	pounds cheese
252 003	lbs. grapes
57	quarts milk, improper caps.
144	cans tomatoes
2,750	cans tangerines
83	lbs mis. vegetables
1	can mushrooms
96	bunches asparagus
15	cranges
308	quarts of strawberries
479	barrels cucumbers
5	boxes pears
382	bottles soda water
37	lbs candy
2	sacks onions
1,736	pkgs. miscellaneous groceries
4	lbs. peaches
7	barrels strawberry and blackberry pulp
658	quarts milk, found to contain streptococci and pus.

SAMPLES OF FOOD TAKEN IN CONJUNCTION WITH
STATE INSPECTORS

Miscellaneous Food Samples taken 66

SAMPLES OF FOOD TAKEN BY INSPECTORS OF THE DEPARTMENT

Food samples taken (not including those taken in conjunction
with State Inspectors) 239

PERSONS SUMMONED TO ATTEND FOOD AND DRUG HEARINGS

Milk dealers summoned and re-summoned..... 116

Milk dealers summoned but failed to put in their appearance
(registered letters sent in all cases).. . . . 14

Storekeepers having foodstuffs exposed appeared.. . . . 93

Restaurant and mineral water proprietors, bakers, grocers, con-
fectioners and druggists summoned to appear regarding vio-
lations of the State Sanitary Act and Sanitary Code.. . . . 102
(Of this total 22 failed to attend hearings and legal proceed-
ings were instituted)

Dealers who had their licenses revoked to serve milk, due to
violation of our ordinance and failure to attend the hearings
when summoned (all later rescinded)..... 7

Retail milk dealers in business during 1-25, were 185 of this
total 27 discontinued business of their own accord. —

Total attending hearings..... 321

COURT CASES

Cases sent to the Legal Department.... . 174

Cases find (plus cost of Court)..... 12

Cases discontinued on payment of Court cost (\$185).... . 153

Summonses not served (violators out of business).... . 11

Note: -3 violators were fined for selling milk below the legal
standard, 6 were fined for selling milk without a license; 2
restaurant proprietors were fined for not having their food hand-
lers physically examined, as required by this Department, 1 res-
taurant proprietor was fined for having his premises in an unsani-
tary condition

Total fines collected by Court.... . \$180 00

Total costs of Court Paid..... 283 05

MEDICAL PREPARATIONS

During the year there were eleven applicants desiring to offer for sale in this city, medical preparations, either manufactured by themselves or by some other firm. A form furnished by the Department was filled out by each applicant and sworn to before a notary. The forms state what the preparations actually contain. Before our approval is given the applicants also are required to submit a sample certificate of the remedy and a copy of the label he intends using.

In doubtful cases the preparations analyzed by our City and State chemists. Those manufactured in the city and offered for sale in the city only. If the remedy is for a disease prevalent, authorities of the United States Department of Agriculture analyze same. These analyses are made for the purpose of ascertaining the reason to obtain license to sell same.

FOOD ESTABLISHMENTS

Inspections were made of the different establishments where food was prepared and sold for the purpose of enforcing State Food Regulations of the Sanitary Code.

Grocery stores inspected for milk licenses and sanitation.....	1749
Restaurants inspected (also scored).....	795
Restaurants reinspected (140 with State Inspector).....	2,185
Restaurant certificates issued (scored 80% or over as to sanitation and equipment used)	
Local milk pasteurizing plants inspected	7
Local milk pasteurizing plants reinspected	4
Confectionery stores inspected	23
Ice cream establishments inspected	1
Ice cream establishments reinspected (6 with State Inspector)	620
Bakeries inspected	382
Bakeries reinspected (10 with State Inspector).....	987
Concessions in Centre Market inspected and reinspected	489
Soda water plants inspected.....	30
Soda water plants reinspected (20 with State Inspector).....	142

Wholesale pretzel bakeries inspected	1
Egg candling plants inspected and reinspected	5
Delicatessen stores inspected	473
Delicatessen stores reinspected	687
State of establishments inspected and reinspected	1
Soda water fountains inspected	209
Soda water fountains reinspected	100
Lemon ice plant inspections	117
Plants used for bottling milk inspected	12
Plants used for bottling milk reinspected	15
Drug stores inspected	88
Drug stores reinspected	372
Chewing gum factory inspections made	21
Coprocessors in Dracut Park inspected and reinspected	93
Egg breaking establishments inspected	10
Cheese plants inspected	15
Food exposures investigated	445
Wholesale grocery plants inspected	12
Wholesale grocery plants reinspected	49
Smoked fish and meat establishments inspected	7
Other miscellaneous food establishments inspected	99
Total inspections	12,478

During the year 361 complaints were received for investigation either by telephone, in writing, or in person. In several cases, the complainants refused to give their names. All complaints were taken care of by the inspectors, and a copy of each report placed on file. In a number of cases investigated there was no cause for complaint.

Persons who desired to peddle foodstuffs on the streets such as frankfurters, ice cream, ices and soft drinks, were required to be physically examined, as well as having their vehicle or pushcart inspected. During the year there were 80 approvals given the applicants, to enable them to secure a permit from the License Department.

ESTABLISHMENTS FOUND O. K. AFTER INSPECTIONS WERE MADE AND NOTICES SERVED

Grocery stores	1,701
Restaurants	640
Local milk pasteurizing plants.....	5
Confectionery stores	748
Ice cream establishments	84
Bakeries	283
Concessions in Centre Market.....	120
Soda water plants.....	30
Wholesale pretzel bakeries.....	6
Egg candling plants.....	3
Delicatessen stores	392
Seafood establishments	48
Soda water fountains	192
Lemon ice plants	93
Plants used for bottling milk.	9
Drug stores	67
Chewing gum factories	16
Concessions in Dreamland Park.....	24
Egg breaking establishments.....	6
Cheese plants	8
Food exposures	349
Wholesale grocery plants.	5
Smoked fish and meat plants.....	4
Other miscellaneous food establishments.	29
Total	4,862

OTHER NOTICES SERVED TO COMPLY WITH VARIOUS LAWS

Notices sent to retail dealers informing them to notify the Department, about six places they serve milk in the City of Newark, daily and at what hours of the day.....	185
Notices delivered to retail dealers, about and temperature test taken at creameries	3,811
Notices delivered to grade "A" raw dairies, regarding the Department's policy with the State authorities, milk bottle caps, sanitation and insisting that when cows are added to the herd, that this Department be immediately notified, or if they are removed from the herd.....	497

Dairymen sent notices regarding the cooling of grades "A" and "B" milk	2,760
Food handler notifications sent during the year....	8,949
Notices sent violators to attend Food and Drug hearings... ..	321
Second notices sent to restaurants regarding the wrapping of silverware in serving their patrons.....	795
Notices sent regarding the covering of foodstuffs to comply with the law, (restaurants, bakeries, etc.).....	897
Notices sent to grocery stores regarding the placarding of cold storage eggs	1,749
Notices sent to stores where peanut and gum vending machines were displayed, to have machines placed in a sanitary condition. In all cases a sanitary attachment was placed on each machine	1,742
Total.....	21,706

EXAMINATION OF FOOD HANDLERS

Under authority contained in the State Sanitary Code, regulation 37, food handlers employed in restaurants must be physically examined in this Department semi annually except where the establishments conducting restaurants have physicians and a dispensary for the proper holding of clinics.

Soda dispensers, bakers, confectioners, dairymen, etc., (excluding restaurants) are physically examined annually. These persons have the choice of being examined in our department or by their family physician. In this instance we follow our ordinance adopted, October 10, 1918

The examination includes a chest examination and nose and throat culture, and if the person was not vaccinated within seven years, we ask if they desire to be re vaccinated and in most cases secure consent. A Wassermann

test is made if there is any suspicion of the person having a venereal disease.

Certificates of health are issued to all persons passing the tests and the same must be kept in their possession at all times. Food handlers who have not received a health certificate are not to discontinue their services in establishments where foodstuffs are prepared or sold, within 24 hours of receipt of the notice sent.

Food handlers physically examined for the first and second halves of the year, are as follows:

RESTAURANTS

	1st Half	2nd Half	Total
Employees granted certificates.....	4,004	4,007	8,111
Of the 8,111 persons granted certificates, the following number were examined at clinics where employed	243	258	501
Males examined	2,575	2,508	5,083
Females examined	1,489	1,539	3,028
White	3,471	3,486	6,957
Colored	489	499	988
Chinese	77	89	166
*Positive cases of tuberculosis and venereal diseases	13	18	31
Re examinations	365	373	738

*Of the 31 positive cases of tuberculosis and venereal diseases, 10 of the cases were food handlers. Permission was given 14, 12 of the cases, working as shop assistants, provided they reported to the Department, once a month for treatment. In all cases they have obeyed the order.

NOTE: 38 restaurant proprietors were turned in for suit for not having their employees physically examined within a specified time. Of the cases turned in for suit, 29 paid the cost of Court (\$1.85) each and the case was discontinued in each instance, as the proprietors had all their employees physically examined, immediately upon receipt of a summons from the Court; 9 restaurants discon-

timed business before the cases were tried, 1 restaurant was fined \$25.00 and cost (not listed in the number 2's mentioned) and one proprietor was fined \$15.00 and cost for not having their food handlers physically examined in time.

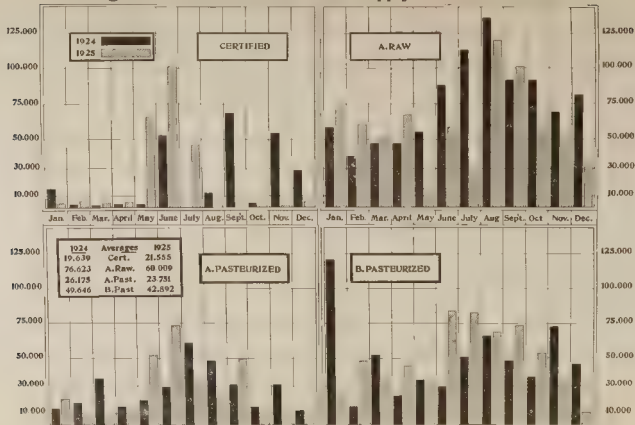
GROCERS, CONFECTIONERS, SODA DISPENSERS,
DAIRYMEN, BAKERS, ICE CREAM VENDORS, ETC.

Persons granted certificates	2,897
(Of this total 642 were examined by their own physician)	
Males examined	2,010
Females examined	887
White	2,841
Colored	56

NOTE: A total of 11,008 food handler certificates (not including the 14 temporary certificates) were granted during the entire year 1925.

[illegible]

Average Bacteria in Newark's Milk Supply for 1924-1925.



A. RAW, 100,000 Bacteria per c. c.—Continued

DEALER	PRODUCER	N. Bacterial Samples Taken	No Above Standard	Average Bacteria	No. Chemical Samples Taken	No Above Standard	Average Fat	Average Total Solids
Kee, E.	L. Borinsky	5	0	40,000	2	0	3.40	1.1
Kee, E.	D. Rudeiser	4	0	41,250	1	0	3.5	.80
Heck, C.	Pure Milk Farms	12	1	43,916	6	0	3.56	1.18
Kee, C. E. & H.	Own	16	1	44,500	8	1	3.5	12.15
Jacob, T.	L. Borinsky	8	0	46,875	4	1	3.14	.88
Seiden, M. F.	Ph. Feins	20	2	47,250	8	0	3.52	12.32
Werner, M.	Own	16	1	47,875	8	0	3.82	3.67
Yankel, I.	L. Borinsky	8	0	48,125	4	0	3.46	1.06
H. #	D. Rudeiser	12	2	48,250	6	0	3.45	1.05
Werner, E. H.	Pure Milk Farms	16	2	48,875	8	0	3.4	3.19
M. #	J. Feins	12	1	48,916	6	1	3.1	2.0
Werner, C. (Charles)	L. Borinsky	12	1	54,000	6	1	3.5	1.15
Kee, W.	L. Borinsky	12	2	55,416	6	0	3.52	1.65
Perk, B.	Own	16	2	55,812	8	0	3.52	1.85
Seiden, F.	Ph. Feins	12	1	57,083	6	0	3.42	1.12
Werner, A.	Ph. Feins	12	0	57,833	6	2	3.5	1.9
Werner, I.	L. Borinsky	12	1	58,750	5	1	3.5	12.06
Werner, S. F.	L. Borinsky	8	1	58,875	4	0	3.5	12.21
Hack, A.	Ph. Feins	12	0	58,916	6	3	3.4	11.1
B. # H.	Frick Bros.	4	0	59,000	2	0	3.55	1.15
Hack, F.	Pure Milk Farms	8	0	60,500	4	2	3.95*	4.2*
Hanapol, M.	M. Schenkman	20	2	63,750	10	0	3.5	12.22
Rosenbaum, M.	L. Borinsky	4	1	66,250	2	0	3.45	12.16
Philhower, A.	Ph. Feins	8	1	66,875	4	0	3.18	1.51
Faxman, B.	M. Levine	4	1	70,000	0	0	3.85	1.5
M. #	Own	20	4	75,750	9	0	3.1	1.52
Kee, J.	Ph. Feins	12	2	76,916	6	1	3.4	1.40
Kee, J.	M. Levine	8	2	80,625	4	0	3.0	11.81
Heck, W.	D. Rudeiser	8	1	82,500	4	0	3.5	1.2
Heck, C. L.	Own	12	1	83,166	0	0	3.6	12.35
Heck, I.	Own	4	1	83,500	0	0	4.58	15.18
Yankel, Ph.	M. Schenkman	12	2	84,083	6	1	3.4	12.8
Heck, A. & Ve.	L. Borinsky	20	4	84,100	10	2	3.0	12.03
M. #	Own	8	0	85,000	4	0	3.40	12.02
Heck, W.	Own	9	0	85,500	3	1	3.2*	11.31*
Kee, A.	D. Rudeiser	3	1	87,000	0	0	3.10	11.48*
Hack, L.	M. Schenkman	4	1	90,000	0	0	3.55	1.43
Philhower, H.	M. Schenkman	8	1	90,000	4	0	3.5	12.08
Seiden, H.	L. Borinsky	13	0	94,500	0	0	3.52	12.98
Seiden, I.	Ph. Feins	20	6	95,000	10	0	3.60	12.5
Perk, P. Jr.	L. Borinsky	4	1	97,500	0	0	3.40	12.13
Kee, C.	Own	12	2	97,916	6	0	3.63	12.34
Cumpry, J.	Pure Milk Farms	8	3	99,375	4	0	3.38	12.21
Kean, Harry	Ph. Feins	1	0	100,000	1	1	3.05	11.49*

DEALER	PRODUCER	N	Bacterial Samples Taken	1	2	3	4	5	6
A. RAW, 100,000 Bacteria per c c. Continued									
Brown, Fred	Steintorg & Hensler	12	1	100,000	6				
Hectus, S.	L. Bornsky	8	2	101,000	4				
Forst, H.	M. Levine	12	3	105,333	6	0			
Cohn, J.	H. Reiskman	4	1	100,000	3				
Duchan, L.	Ph. Feins	8	1	100,000	4				
Deisler, I.	M. Levine	8	1	100,000	1	0			
Hutmacher, Geo.	Own	4	1	115,000	2	1			
Seddon, Chas.	Own	20		119,000	1				
Speizer, H.	Ph. Feins	23	5	124,800	3				
Staeffel, Wm.	M. Levine	12	4	128,583	6				
Grande, M.	Own	16	3	130,000	7				
Goncalves, J.	M. Schenkman	12	6	151,250	6				
Kraeger, Gus	Own	16	3	153,375	7	0			
Feins, Herman	Ph. Feins	12	7	156,916	5	1			
Rosenberg, M.	H. Reiskman	4	3	160,000	2	0			
Crump, J.	Own	13	6	174,231	7	0			
Speizer, N.	L. Bornsky	10	5	179,500	5	2			
Trotter, M.	Ph. Feins	24	8	181,875	12	2			
Enderle, N.	L. Bornsky	16	5	185,500	6	1			
Ekert, Gus	Own	16	3	187,625	7	0			
Flaxman, Ben	C. Seddon	6	4	190,000	4	1			
Fein, Joe	C. Seddon	16	8	225,625	9	2			
Skettino, M.	Own	20	12	269,800	10	2			
Peckerman, J.	M. Schenkman	8	6	353,750	4	2			
A PAST, 30,000 Bacteria per c c.									
Gampieri, N.	Dairymen's League	4	0	350	0	400			
	Dairymen's League	4	0	800	0	800			
	Dairymen's League	12	0	900	6	0			
	Dairymen's League	8	0	1,200	4	0			
Tortorello, A.	Model Dairy	4	0	1,350	1	0			
Hamm, Samuel	Dairymen's League	12	0	210	6	0			
Seefag, Emil		0	0	1,344	6	0			
Schack, E. J.	Model Dairy	4	0	1,480	1	0			
Pierce, Geo.	Dairymen's League	12	0	1,500	8	0			
Dairymen's League	Own	0	0	1,545	10	0			
	Dairymen's League	0	0	1,684	0	0			
	Model Dairy	4	0	800	1	0			
	Dairymen's League	8	0	1,010	4	0			
	Dairymen's League	1	0	1,000	0	0			
Kaus, I. H.	Model Dairy	8	0	1,110	1	0			
Forgione, J.	Dairymen's League	0	0	1,095	9	0			
Barth, D. P.	Model Dairy	0	0	30	0	0			
Rose, N.	Model Dairy	7	0	1,285	1	0			

DEALER	PRODUCER	N. Bacterial Samples Taken	No Above Standard	Average Bacteria	No Chemica. Samples Taken	No Above Standard	Average Fats	Average Total Solids
A. PAST, 30,000 Bacteria per c.c.—Continued								
Duchon, L.	Dairymen's League	2	0	2,500	2	0	3.44	1.44
Zimmermann, J.	Joe Wolf	8	0	3,125	4	0	3.54	1.89
Bordens, F. P. Co.	Brisben, N. Y.	20	1	3,370	10	0	3.43	12.04
Leitch, I.	Dairymen's League	16	1	3,512	8	0	3.62	1.47
Nichols, J. L.	Wm Provost	16	5	3,712	8	0	3.4	1.1
Flanagan, J.	Model Dairy	4	0	4,150	2	0	3.83	1.74
Reid, H.	Model Dairy	4	0	4,250	2	0	3.85	1.10
W. W.	Dairymen's League	4	0	4,300	2	0	3.8	1.52
Pope, J.	Dairymen's League	4	0	4,750	2	0	3.88	1.24
Leitch, I.	Wm Provost	1	0	5,400	1	0	3.9	11.22
Stewart, L.	Model Dairy	20	1	5,081	10	0	3.43	12.0
W.	Own	12	1	6,885	6	1	3.3	1.83
Webb, B.	Model Dairy	16	1	6,922	8	0	3.44	11.97
Myer, M.	Dairymen's League	4	0	7,500	2	0	3.68	1.53
Leitch, I.	Model Dairy	16	1	7,556	8	0	3.4	1.07
Steinberg, S.	Dairymen's League	1	0	7,700	1	0	3.66	13.57
Helfrick, C.	Model Dairy	12	1	8,133	6	0	3.58	1.23
Walman, M.	Model Dairy	9	1	8,333	5	0	3.40	1.01
Bordens, F. P. Co.	Farm, N. Y.	20	0	9,735	10	0	3.46	1.04
Simon, Samuel	Model Dairy	16	1	9,744	8	0	3.17	1.10
Setel, D.	Dairymen's League	4	1	10,250	2	0	4.0	3.13
Clinton M. C. Co.	Model Dairy	20	2	11,770	10	0	3.81	2.17
Newark, M. C. Co.	Own	16	3	13,056	6	0	3.68	1.1
Harrington, D. Co.	Fairfield D. Co.	8	0	13,637	4	1	3.8	1.72
Paskowitz, S.	Dairymen's League	8	1	15,313	4	0	3.98	13.15
Klappholz, P.	Model Dairy	4	1	15,475	2	0	3.80	1.22
Shamback, J.	Model Dairy	12	2	17,000	6	0	3.46	0.9
Max, Abe.	F. W. Janssen	4	0	18,875	2	0	3.30	11.86
Leitch, I.	I. Dvorin	12	2	19,000	6	0	3.45	1.19
Crastrop, J.	Model Dairy	16	2	22,222	8	0	3.43	11.58
Rice, L.	Woodbrook Farms	20	2	25,795	9	0	3.58	1.48
Seelig, Chas.	F. W. Janssen	16	4	30,618	8	0	3.5	1.16
Leitch, I.	Woodbrook Farms	16	4	30,138	8	1	3.46	1.08
Spencer, N.	Waldron & Co.	4	1	32,810	2	0	3.45	1.19
Myer, M.	Woodbrook Farms	20	3	38,955	10	1	3.48	1.09
Fairfield, D. Co.	Own	20	5	41,550	9	0	3.59	11.87
Medwin, M.	Wm Provost	4	1	45,500	2	0	3.28	1.26
Hennin, P.	Waldron & Son	4	2	52,125	1	0	3.60	1.22
Max, Abe.	Middletown Dairy	16	6	67,562	7	1	3.42	1.93
Seelig, Chas.	F. W. Janssen	2	1	80,400	1	0	3.45	1.8
Provost, Wm	Own	16	7	82,000	8	1	3.33	1.77
Klappholz, P.	Middletown, D.	8	4	100,350	4	0	3.56	1.22
Woodbrook Farms	Own	24	1	108,850	1	0	3.56	1.1
Epstein, S.	Wm Provost	3	1	108,553	1	0	3.80	0.9

A. PAST, 30,000 Bacteria per c. c.—Continued

DEALER	PRODUCER	N Bacterial Samples Taken	No. Above Standard	Average Bacteria	N Samples	Avg	N Samples	Avg
Klappholz, P	Waldron & Son	8	4	108,987	4	0	58	58
Becker, H., and Son	Own	12	3	152,275	6	0	165	165

B. PAST, 50,000 Bacteria per c. c.

Papa, J.	Wm. Provost	1	0	1,000	1	0	300	300
Samberg, Ph	N J M C Co.	5	0	2,700	2	0	55	55
Bannano, S	Dairymen's League	1	0	3,025	2	0	55	55
Schock, E. J	N J M C Co.	3	0	3,633	2	0	55	55
Tooter, M. e	N J M C Co.	1	0	5,000	0	0		
Thiele, Ph	Clinton, M Co	12	0	6,683	6	0	58	58
		1	0	7,875	2	0	48	48
	Dairymen's League	4	0	8,000	2	0	55	55
Borden's, F. P. Co.	Montrose, Pa	24	6	8,979	12	0	58	58
Papa, J	Dairymen's League	4	0	10,750	2	0	55	55
Kuchen, W	C W Vannatta	12	0	12,000	6	0	55	55
Baker, Chas	Interstate	24	10	13,400	12	0	58	58
Berg, L. F	Clinton, M Co	12	1	13,500	6	0	55	55
Cann, W	Dairymen's League	4	1	14,000	2	0	58	58
Kauson, H	C W Vannatta	8	0	14,000	4	0	55	55
Cohen, A	C W Vannatta	8	0	14,000	4	0	55	55
Dacour, S	C W Vannatta	3	0	14,250	2	0	55	55
Sherm, J	Dairymen's League	8	0	14,375	4	0	55	55
Kischewicz, M	Dairymen's League	16	1	15,812	8	0	55	55
Naroen, J	N J M C Co	12	0	16,166	5	0	55	55
Lennerman, S	Own	12	0	16,250	6	0	55	55
National, D. P. Co.	Dairymen's League	16	2	17,625	8	0	58	58
Wells, Henry	N J M C Co	16	1	17,806	8	0	58	58
Bae, Louis	C W Vannatta	20	7	18,000	10	0	55	55
Forge, J	Dairymen's League	20	2	18,210	9	0	58	58
Kerner, Chas	C W Vannatta	12	0	18,416	6	0	58	58
Greenberg, Abra	N J M C Co	12	0	20,000	6	0	55	55
Downey, I	C W Vannatta	16	2	20,906	8	0	58	58
	Dairymen's League	12	1	21,416	6	0	58	58
	Clinton, M Co	16	1	21,500	8	0	58	58
	Own	20	2	21,575	10	0	58	58
Dairymen's League	Waterville, N. Y.	20	2	21,575	10	0	58	58
Borden's, F. P. Co.	Dairymen's League	16	3	23,312	7	0	58	58
Lyons, P		1	0	23,750	2	0	58	58
		1	1	24,428	4	0	58	58
Beardsley, W.	J M & C Co.	12	1	24,500	6	0	58	58
Van Ness, B	N J M C Co.	1	0	25,000	1	0	58	58
Hefrick, C	C W Vannatta	12	2	25,958	6	0	58	58
Schroeder, E.	E C Wyckoff	20	2	26,155	10	0	58	58
Seelig, Emil	N. J M C Co	16	3	26,813	8	0	58	58

B PAST, 50,000 Bacteria per c. c.—*Continued*

DEALER	PRODUCER	N. Bacterial Samples Taken	No. Above Standard	Average Bacteria	No. Chemical Samples Taken	No. Above Standard	Average Fats	Average Total Solids
Hennon, Frank	Waldron and Son	4	0	28,000	2	0	3.33	11.79
G. H.	N. J. M. C. Co.	8	1	28,250	4	0	3.19	11.73
W. M.	N. J. M. C. Co.	13	3	29,000	7	0	3.31	11.79
K. I.	C. W. Vanatta	12	1	30,583	6	0	3.41	11.99
F. S.	C. W. Vanatta	20	1	31,100	10	0	3.32	11.92
M. M.	Own	4	1	31,500	0	0		
P. S.	Dairymen's League	16	2	33,437	8	0	3.58	12.22
J. M.	Own	20	4	34,665	10	0	3.41	12.13
N. S.	N. J. M. C. Co.	12	3	34,666	6	0	3.28	11.75
Z. S.	N. J. M. C. Co.	12	1	35,216	6	0	3.33	11.87
I.	Dairymen's League	8	1	35,250	4	0	3.63	12.31
F. S.	C. W. Vanatta	12	1	35,833	6	0	3.27	11.95
S. I.	C. W. Vanatta	12	3	36,000	6	1	3.33	11.86
S. S.	Dairymen's League	2	1	37,500	1	0	3.60	12.22
M. S.	Dairymen's League	8	2	38,000	4	0	3.46	12.09
H. N.	Dairymen's League	4	1	38,750	2	0	3.45	12.12
V. S.	Dairymen's League	12	3	38,916	6	0	3.63	12.41
H. S.	Dairymen's League	16	2	41,243	8	0	3.59	12.22
B. F. C.	Ottsville N. Y.	20	2	41,985	10	0	3.44	11.94
S. S.	F. W. Janssen	16	4	42,437	8	0	3.44	11.98
M. V.	F. W. Janssen	4	1	42,500	2	0	3.43	11.94
H. S.	C. W. Vanatta	16	5	43,500	8	0	3.34	12.08
I.	N. J. M. C. Co.	16	2	43,825	8	0	3.36	11.84
T. S.	C. W. Vanatta	12	3	44,000	6	0	3.34	11.92
N. S.	Own	16	4	45,750	7	0	3.51	12.10
S. S.	N. J. M. C. Co.	8	2	49,125	4	1	3.40	11.95
S. S.	N. J. M. C. Co.	11	5	51,091	6	1	3.21	11.63
S. H.	N. J. M. C. Co.	12	5	51,250	5	0	3.55	12.00
S. S.	C. W. Vanatta	24	7	51,645	12	1	3.36	11.99
N. S.	Columbus, N. Y.	16	5	52,000	7	0	3.60	12.16
S. S.	C. W. Vanatta	16	3	52,187	8	0	3.39	11.95
S. S.	N. J. M. C. Co.	16	5	53,812	7	0	3.32	11.91
C. S. Co.	Own	16	5	59,150	8	3	3.23	11.71
Interstate M. & C. Co.	Own	20	8	61,644	9	0	3.81	12.48
Speizer, N.	Waldron and Son	4	1	81,000				11.0
Klappholz, P.	Waldron and Son	12	2	81,000				11.4
Reisman, M.	N. J. M. C. Co.	1	1	81,000	1	0	3.55	11.8
F. S.	E. C. Wyckoff	12	7	81,000	6	1	3.40	11.8
P. S.	J. S.	16	3	81,000	8		3.72	
S. S.	I. W.	2	1	81,000	1	0	3.50	11.9
F. S.	N. J. M. C. Co.	4	1	81,000		0	3.4	11.83
M. S.	Middletown Dairy	16	6	81,000		0	3.8	12.9
K. S.	Middletown Dairy	8	3	140,000			3.58	11.4
M. S.	C. W. Vanatta	1	1	141,000	10		3.55	11.8
K. S.	E. C. Wyckoff	16	7	141,000	8	0	3.5	11.8
L. S.	C. W. Vanatta	1	5	141,000	6	1	3.52	11.8
Medwin, M.	N. J. M. C. Co.	3	2	141,000	2	0	3.8	11.95

RESULT OF MILK SAMPLES ANALYZED
SPECIAL SAMPLES NOT COUNTED IN THIS TABLE

BACTERIAL ANALYSIS

Grade	Total Samples Taken	Aver. Count	Samples Above Stan.	No. of Dealers
Certified	102	15.356	10	4
A Raw	1027	76.838	178	99
A Past	657	22.045	76	64
B Past	1007	42.326	95	87

CHEMICAL ANALYSES

Grade	No. Samples	Fat	Total Solids	Sources	Below Stand
Certified	54	4.02	12.91	6	18
A Raw	501	3.45	12.18	31	41
A Past	332	3.54	12.08	14	11
B Past	392	3.45	12.03	16	18

BUREAU OF VETERINARY MEAT INSPECTION

Dr. Charles V. Craster, Health Officer.

DEAR SIR, I herewith submit the report of the Veterinary Bureau for the year ending December 31st 1925.

Respectfully,

WERNER RUNGE,
Chief, Veterinary Meat Inspection Bureau

No care and scientific inspection of meats and other food products or the conditions under which they are produced is fully efficient without the service and judgment of a trained Veterinarian. At the present time a large amount of this work in other cities is being done by other than Veterinarians. This practice amounts to an infringement of the professional rights of the Veterinarian and should not be tolerated. Medicine, law, engineering and other recognized professional pursuits would not willingly tolerate such interference with their proper functions. This should and must apply with equal force to the Veterinary field. The National Civil Service Reform League throws a strong light upon the reprehensible conditions found to exist in the inspection facilities of the country. The report states that food inspection in the United States was practically negligible from a public health standpoint. More than half of the inspectors in the states and cities covered by the investigation went into their positions without adequate training or experience.

The trusting confidence of the American public in the efficiency of laws, was never more clearly shown and more grossly betrayed than in the matter of food inspection. We have enacted Pure Food Laws and ordinances, therefore, presumably we have "pure food" but betwixt the law and

the pure fool lies a most important, though seldom recognized factor, the human element charged with the interpretation and the administration of these laws and ordinances.

The following are the duties and work accomplished by the Veterinary Bureau.

1. Meat Inspection. Daily inspection of all public markets and all commission houses.

2. Supervisor of Slaughterhouses. No animal is allowed to be killed and dressed except in a licensed slaughterhouse. Each slaughterhouse is under constant supervision of a Veterinary Meat Inspector who makes an antemortem, as well as post mortem inspection of all animals killed at these abattoirs, and when found free from disease, are stamped for certification and are regarded as wholesome and to be used for human consumption; otherwise the carcasses are destroyed and used for fertilizer.

3. Inspection of meat or meat carcasses brought into the City of Newark. All carcasses killed outside the jurisdiction of this Department and which do not have an official meat certification from the U. S. Department of Agriculture or any State or municipality whose meat inspection standards are not fully recognized as such by the Newark Department of Public Works, are taken to the inspection depot where, if passed, they will be properly marked and stamped for the City Health Ordinance, "An Ordinance prohibiting the sale and exposure for sale of meat in the City of Newark", before inspection.

4. The supervision of all meat and meat products furnished to the public institutions, namely City Hospital, Ivy Hill Almshouse and City Home, Verona.

5. Supervision and inspection of all retail butcher shops and places where meat to be used for human food is kept or offered for sale.

6 Investigation and adjustment of complaints

7—Investigation of contagious diseases in all domestic animals and the eradication of the same, also the supervision of the proper disinfection of the pens or stalls where such diseased animals have been kept.

8 Care and supervision of the animals used for the production and testing of anti-toxins, the immunization of such animals, and looking after proper bleeding of such animals.

CHICKEN PEST OR CHICKEN TYPHUS

Because of the prevalence of Chicken Pest or Chicken Typhus among the live poultry offered for sale in this city the latter part of 1924, an embargo was placed on all shipments from the nine states in the Middle West where the disease had been found. This action was taken by the State Department of Agriculture December 17th, 1924, and the U. S. Bureau of Animal Industry December 22nd, 1924. The epidemic waned rapidly after this embargo was enforced and on June 1st, 1925, local restrictions were removed inasmuch as no case had been found for two months prior to that date.

The following is a summary of the activities during the year 1925:

Commission cold storage slaughterhouses and Centre Market inspected daily.	
Cattle inspected and stamped at abattoirs	8,487
Calves inspected and stamped at abattoirs	23,874
Sheep inspected and stamped at abattoirs	37,729
Goats inspected and stamped at abattoirs	163
Cattle (country dressed) inspected and stamped	1
Calves (country dressed) inspected and stamped	22,018
Sheep (country dressed) inspected and stamped	333
Hogs (country dressed) inspected and stamped	269
Goats (country dressed) inspected and stamped	617

Pounds of bologna inspected and stamped..	264,25
Cattle re-inspected	83,527
Calves re-inspected	105,237
Sheep re-inspected	267,084
Goats re-inspected	88
Pounds of Pork inspected	6,691,780
Pounds of poultry inspected	853,511
Pounds of Fish inspected	965,55
Butcher shops inspected and re-inspected.	14,282
Railroad cars containing live chickens inspected.....	515
Railroad cars containing live chickens held under quarantine	6
Chicken slaughterhouses and retail markets inspected and re-inspected	2,762
Chicken coops disinfected and stamped.....	1,704
Complaints investigated	29
Beef carcasses condemned	24½
Calf carcasses condemned	227½
Sheep carcasses condemned	81
Goat carcasses condemned	4½
Parts of carcasses condemned.....	1,141

CONDEMNED

Turkeys	370 lbs	Mushrooms	78 crates
Chickens	25,962 "	Potatoes	8 barrels
Ducks and Geese	1,104 "	Asparagus	1,037 baskets
Guinea hens	40 "	Cucumbers	11 barrel
Beef	725 "	Lima beans	1 baskets
Veal	500 "	String bean	28 baskets
Lamb	255 lb	Pineapples	18 box
Fresh Pork	1,324 "	Lettuce	30 crates
Smoked ham	200 "	Musk Melons	16 crates
Sausages	185 "	Celery	6 crates
Bear meat	25 "	Cauliflower	1 barrel
Miscellaneous meats	1565 "	Beets	1 barrel
Fish	8625 "	Carrots	1 barrel
Shell Fish	784 "	Huckleberries	6 crates
Macaroni	2 boxes	Grapes	14 baskets
Sauerkraut	1 barrel	Radishes	2 baskets
Olives	1 barrel	Raspberries	30 boxes
Miscellaneous vegetables	15 barrels		

ANNUAL REPORT

OF THE

Chemist

ANNUAL REPORT
OF THE
Chemist

Dr. Charles V. Craster, Health Officer.

Dear Sir

I herewith submit my annual report as Chemist for the year ending December 31, 1925.

Respectfully,

HALSEY DURAND,
Chemist.

Considering the lack of space and equipment a comparatively large amount of work has been done during the past year the last six months shows a decided increase over the corresponding period of 1924, the laboratory work not being started in 1924 until July 7th. The scope of this work was necessarily limited to the analysis of lard product and water with the addition of such miscellaneous samples as could be analyzed with the available equipment.

The monthly samples taken from different sections of the City Water Supply have been regularly analyzed and show the water to be of its normally excellent quality.

The City of Newark is to be congratulated on having one of the purest water supplies of any large city in the world.

The work of the chemical laboratory for the year is as follows:

Total number of analyses..... 419

Divided as follows:

MILK

For comparison the summary of milk analyses has been arranged as follows:

Total number of milk samples analyzed.....	248
Total number of preliminary samples analyzed.....	231
Total number of sealed samples analyzed.....	187
Total number of preliminary samples below standard.....	5
Total number of sealed samples below standard.....	1
Per cent total number of preliminary samples below standard.....	2.16
Per cent total number of sealed samples below standard.....	3.30

Summary of sealed samples taken in 1924 and 1925

	Total Solids		Fat	
	1924	1925	1924	1925
Total samples above standard.....	12.19%	12.19%	3.60%	3.56%
Total samples below standard.....	11.18 "	11.25 "	2.76 "	2.89 "
Total samples above and below standard.....	12.10 "	11.99 "	3.58 "	3.44 "

CERTIFIED MILK

34 samples of certified milk were analyzed, of these 10 were sealed samples, which 6 were below standard of fat and 25 were unsealed, 11 being below standard of fat.

SPECIAL MILKS

22 samples were analyzed.

20 of these samples were taken from a pasteurized milk which the company had been allowed to sell. The other 2 samples were then carefully taken without shaking in a Dipper and the fat determined by the following test. This work was done at the request of Dr. M. E. A. S. Secretary of the Medical Milk Commission Essex County for the production of this "Lactogen" type of modified milk for infant feeding.

SPECIAL MILKS—*Continued*

The remaining 2 samples, both of which were above standard, were taken for Department of Health information.

CREAM

A total of 84 samples of cream were analyzed for fat content, 82 sealed and 2 unsealed. Of the 82 sealed samples 6 were found to be below standard (16% or more fat). The 2 unsealed samples were above standard.

In addition to the above routine samples, 18 samples, 16 sealed and 2 unsealed, were analyzed for the presence of foreign fat. The necessity such examinations is shown by the fact that 9 of the sealed and 1 of the unsealed samples were found to contain foreign fat.

ICE CREAM

306 samples were analyzed, 295 sealed, 11 unsealed. Of the sealed 23 and of the unsealed 1 samples were found to be below the standard (8%) of fat.

In addition 1 sealed sample was analyzed for foreign fat with negative results. One unsealed sample was examined for broken glass and none was found.

WATER

116 samples were analyzed. Of these 102 were the monthly samples of the City Water Supply taken at various points in the water supply system. A summary of the results is given below.

The 14 additional samples were taken by Department of Health Inspectors from private water supplies.

MISCELLANEOUS

65 miscellaneous were analyzed.

These include various foods, analyzed for adulteration.

fitness for human consumption and bacterial poisons. Among these were gluten bread and flours for per cent of gluten, vinegars for acetic acid content and presence of mineral acids, honey for adulteration, beverages for artificial sweeteners, canned vegetables and fruits for notes on corrosion of containers, butter for adulteration and horse radish for presence of foreign vegetable matter. Several drug samples were analyzed such as Aolan, essence of peppermint, and *Liquor cecolis compositus*. Of the last, 3 samples and a sample of whiskey were analyzed for the City Hospital at the request of Dr. Snively.

ANALYSES OF NEWARK AQUEDUCT WATER

Samples from Oak Ridge Stream before Junction with Clinton Stream at New Foundland, N. J.

Parts per Million

1925	Temperature degrees Fahr	Turbidity	Color	NITROGEN AS				Chlorine	Temporary Hardness	Total Solids	Loss on Ignition	Fixed Mineral Matter
				Free Ammonia	Albuminoid Ammonia	Nitrites	Nitrates					
January	35	3	19	.007	.118	0	.100	3.00	42.4	88	27	61
February	34	3	35	.049	.076	trace	.113	2.50	48.6	66	24	42
March	37	2	8	.015	.081	ft. tr.	.163	3.50	31.2	61	27	34
April	50	2	18	.004	.081	0	.163	3.00	35.1	201	109	92
May	58	2	22	.004	.085	trace	.088	2.00	32.5	57	3	54
June	74	4	30	.022	.131	0	.040	1.75	36.4	71	28	43
July	65	2	23	.003	.099	trace	.063	1.75	36.4	60	28	32
August	62	3	32	.015	.106	0	.030	2.50	37.7	56	18	38
September	56	2	22	.010	.144	ft. tr.	.028	3.00	39.0	72	29	43
October	56	2	18	.002	.133	0	.033	2.50	41.6	65	22	43
November	36	1	17	.002	.055	v.f.t.	.088	4.25	45.7	58	26	32
December	34	1	5	.001	.035	v.f.t.	.163	4.25	48.6	38	12	26

Samples from Clinton Street before junction with Oak Ridge Stream at New Foundland, N. J.
Parts per Million

NITROGEN AS												
No.	Tem- perature ° C.	Tur- bidity		Free Ammonia	Albuminoid Nitrogen	Nitr- ates	Nitr- ates	Chlor- ides	Tempo- rary Lime	Total Solids	Loss on Ignition	Fixed Matter
	84.5	0		003	010	0	080	5.5	2.9	58	1	
	66		10	000	08	0	010	5	9.5	5	5	8
M	56	1	0	0.0	06.0	0	088		0.8	18	1	11
	51	1	0	0.0	11	0	0.5	0.0	5	60	0	11
M	81	3	18	01.0	0.5		065	0.0	5	4	5	14
	65	0	0	011	08	0	015	08	3.1	85	0	55
	65	1	10	00.5	068	0	015	5	20.8	65	5.0	51
1000	59	0	0	018	080	0	018	5	0.5	8	10	0
NOT TO BE USED	67	5	3	009	10	0	0.0	5.00	1.6	65	58	
NOT TO BE USED	82	0	0	004	1098		0.01	5.00	3.1	0	0	01
NOT TO BE USED	58	0	0	005	1.5	0	0.5	0.5	4.0	10	0.0	08
NOT TO BE USED	54		5	005	054	0	0.5	0.5	5.5			18

Sample from Laboratory Faucet, 68 Camden Street, Newark, N. J.
Parts per Million

1925	Tem- perature Fahrenheit	T humidity	NITROGEN AS						Tempo- rature Fahrenheit	T humidity	L humidity	P humidity
			Chlorine	Free Ammonia	Aluminum Ammonia	Nitrogen	Nitrogen	Chlorine				
January	41	4	14	.021	.108	0	.080	3.50	33.2	62	23	39
February	38	4	13	.034	.091	0	.063	3.25	35.1	49	22	27
March	38	3	17	.013	.079	0	.063	3.25	19.5	54	33	21
April	55	8	22	.016	.122	0	.055	3.25	38.5	60	37	28
May	59	3	17	.009	.088	100	.075	3.00	31.5	5	14	43
June	70	3	15	.012	.100	0	.113	3.25	28.6	65	28	37
July	72	4	30	.004	.095	0	.063	2.75	32.5	71	38	33
Aug	64	1	20	.007	.085	0	.080	3.25	31.5	8	35	29
Sept	70	3	10	.006	.129	0	.038	3.00	41.6	75	46	29
Oct	63	2	15	.005	.084	0	.055	4.10	40.9	83	33	30
Nov	48	3	8	.004	.117	100	.045	3.75	41.6	54	30	24
December	40	3	15	.004	.093	0	.063	4.00	36.4	49	22	27

AVERAGES OF MONTHLY SAMPLES

Parts per Million

Locality	Temperature Fahr.	Turbidity	Total Solids	NITROGEN AS				Chlorine	Temporary Hardness	Total Hardness	Loss on Ignition	Fixed Matter
				Free	Albuminoid	Nitr.	Nitr.					
Oak Ridge Srt (1)	50	2	21	.011	.095	0	.089	2.83	35.7	74	29	45
Clinton Str. (2)	49	2	14	.009	.076	0	.058	2.67	26.6	47	18	29
Kanouse Br'k (3)	49	3	30	.008	.117	0	.071	2.40	27.5	61	27	34
Echo Lk Str (4)	49	2	25	.008	.121	0	.076	2.29	32.5	56	23	33
Midway (5)	50	3	25	.008	.108	0	.084	2.59	41	55	26	29
Cedar Grove Intake (6)	58	3	21	.008	.117	0	.046	3.41	34.9	60	25	35
Cedar Grove Outlet (7)	54	3	18	.009	.089	0	.048	3.33	38.7	54	14	29
Rose Hill (8)	52	3	21	.011	.093	0	.060	3.38	44.3	59	11	26
Lab'ry P'cet (9)	55	3	18	.011	.098	0	.063	3.35	33.5	59	28	31

Note: January, sample 1; 4, received at 10:30 a.m.; March, April, 6, 8, 9, received at 6:30 a.m.; sample of (8) not received.

TABLE OF MAXIMUM, MINIMUM AND AVERAGE TOTAL
SOLIDS IN WATER FROM LABORATORY FAUCET
FROM 1900 TO DATE

Total solids, Grains per U. S. Gallon

Date	Maximum	Minimum	Average
1900	2.06	1.96	2.53
1901	3.00	1.93	2.68
1912	2.92	1.98	2.45
1903	2.92	1.69	2.32
1904	2.92	2.04	2.52
1905	2.92	1.60	2.33
1906	3.24	2.44	2.71
1907	3.09	2.35	2.10
1908	2.92	2.22	2.66
1909	3.37	2.23	2.78
1910	3.50	2.16	2.81
1911	3.91	2.63	3.06
1912	3.32	1.92	2.64
1913	3.91	2.16	3.04
1914	3.49	2.27	2.88
1915	3.90	1.92	2.19
1916	3.55	2.56	2.68
1917	3.84	2.39	3.11
1918	4.19	1.40	3.02
1919	3.78	2.74	3.32
1920	3.44	2.62	3.05
1921	3.65	2.84	3.07
1922	3.50	2.10	2.91
1923	3.50	2.52	2.92
1924	2.68	2.04	2.42
1925	4.39	2.87	3.39

Note -In 1924 only four months included January February, March and December

LABORATORY

It is urgently requested that in the near future an additional story be added to the Laboratory Building for the Chemical Laboratory, in which the proper arrangement of rooms can be made and a well equipped laboratory established, to provide for the vast amount of work required by a great city.

ANNUAL REPORT

OF THE

Division of Bacteriology

ANNUAL REPORT
OF THE
Division of Bacteriology

Charles V Craster, M. D., Health Officer.

Dear Sir:

Herewith is submitted the report of the Division of Bacteriology for the year ending December 31, 1925

Respectfully,

R N CONNOLLY, M. D.,
Bacteriologist.

The activities of this division during 1925 were continued along the same general lines as in previous years, and the number of specimens received for investigation showed distinct increase as compared with former records. This increase is not to be interpreted as indicating a greater prevalence of bacterial diseases that come under our observation, but it does show that the Health Department's Laboratories are giving the community the service for which they were established.

It will be seen by the table showing the activities of the division that 19,686 cultures were examined for diphtheria bacilli in 1925 against 17,203 during the previous year. That there were produced 2,908 doses of diphtheria antitoxin in 1925 against 1,885 doses during 1924. That 235 series of samples of oysters and clams were examined in 1925 against 47 series in 1924, and 1,820 doses of pertussis vaccine were

distributed to physicians in 1925 against 1,480 doses in 1924.

The various activities of the division are grouped in the following table which also give the totals for 1924 for comparison:

ROUTINE ACTIVITIES OF THE BACTERIOLOGICAL DIVISION

	Total for 1925	Total for 1924
Diphtheria—		
Cultures for Diagnosis	18,891	1,614
True cases	281	35
Cultures for diagnosis and disinfection	19,686	17,263
Diphtheria Antitoxin—		
Doses produced during the year	29,538	1,885
Doses distributed during the year	2,468	2,316
Tuberculosis—		
Specimens of sputum etc., examined	2,018	21
Specimens containing tubercle bacilli	324	227
Typhoid Fever		
Blood examinations for typhoid (Widal)	643	656
Specimens giving positive reaction	76	52
Malaria		
Blood examinations for malaria	40	55
Specimens showing plasmodia	0	1
Milk Supply—		
Milk examinations, general city supply	2,961	3,612
Milk examinations, City Hospital supply	217	55
Milk examinations, special for streptococci, etc.	169	
Water Supply—		
Water examinations Pequannock supply	431	181
Water examinations wells and cisterns	82	64
Water examinations from swimming pools and tanks	294	236

Venereal Diseases—

Specific catarrhal examinations.....	3,228	3,183
Specific catarrhal tests (positive)	597	580

Rabies—

Brain tissue of animals examined.....	105	175
Brain tissue found positive.....	45	73
Preventive treatment to exposed persons.....	40	65

Vaccines, Etc—

Typhoid vaccine, doses distributed.....	974	712
Pertussis vaccine, doses distributed.....	1,826	1,480
Tuberculin (diagnostic) dose distributed.....	200	16
Tuberculin for treatment doses distributed	100	

Oysters and Clams—

Series of pooled samples examined.....	235	47
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Stools and Urines for Typhoid

Samples of suspected stools examined.....	143	44
Samples of suspected urines examined.....	143	44

DIPHTHERIA

The number of cases reported in Newark during 1925 was over eleven per cent less than the number reported for 1924 and it is a source of relief to note that this disease, which was formerly one of the most prevalent and probably the most dreaded disease of childhood, has shown for several years past a constant decrease with each succeeding year, even though the population of the city is increasing at a rapid rate.

In order to illustrate the decreasing incidence of diphtheria in Newark and also to show mortality results with and without antitoxin treatment the following table has been prepared:

Diphtheria	1925	1924	1923
Number of cases reported.....	509	575	634
Mortality irrespective of treatment	42=8.23%	39=6.78%	34=5.36%

Cases treated with antitoxin	486	561	617
Number of deaths			
treated with antitoxin	34 6.9%	38 6.77%	30 4.86%
Cases treated without antitoxin	23	15	17
Number of deaths treated without antitoxin ..	8 34.7%	1=6.66%	4=23.5%

RABIES

It was deemed necessary to administer Pasteur treatment to 40 persons who were bitten or badly exposed to infection from rabid dogs during 1925, and while this is a smaller number of victims than was recorded for 1924 yet, 40 individuals who were obliged to submit themselves to the hardship of being injected with Anthracic virus for protection against hydrophobia is a serious condition when it has been demonstrated time and again that proper supervision of dogs will prevent the continued persistence of rabies in any community.

SHELLFISH

Investigation of the bacterial contamination of oysters and clams was carried on during the year and it is surprising to find that an almost incredible change for the better has taken place in character of the oysters exposed for sale in Newark. This is probably due to the notoriety the oyster industry received during 1924 when various communities throughout the country reported numerous cases of Typhoid Fever which were claimed to have been caused by eating oysters containing great financial loss to the oyster industry.

It was particularly noticed that samples of oysters received from oysterbeds located in the southern part of New Jersey which are under the supervision of the N. J. Fisheries Commission were above suspicion and shows that it is possible to grow and clean oysters which may be regarded as being in the same sanitary class as certified milk.

BACTERIOLOGICAL EXAMINATION OF PUBLIC AND SEMI PUBLIC
SWIMMING POOLS

Biweekly tests of the water from swimming pools in Newark were made during 1928, and the results show such wide variations in the bacterial content of the water from almost all of the pools that justification for Health Department supervision is clearly indicated. The minimum and maximum counts in some of the pools show an enormous difference but the results show that in some of the places the water is almost consistently kept in good condition while in others the reverse obtains.

The Health Inspectors who take the samples report that the management at the different institutions show a desire to comply with the recommendations of the Health Officer in order to keep the water in the best sanitary condition and usually after attention has been called to bad results of tests, improvement can be seen. This shows that it is possible by constant care of the baths to make the water pure and it should be kept so.

The variations in the pool water throughout the year as indicated by the bacterial counts are given in the following tables.

PUBLIC AND SEMIPUBLIC BATHS—(Continued)

1926	Y W C A 64 West St P 1	Y M Y W H A 14 1/2 Kent P 1	Temple B'nai 30 806 S 101 St P 1	City Bath Peters St P 1	Newark Ave Park Pl P 1	B P O E 3 1/2 111 St P 1	Dreamland Pl 100 1/2 P	Leahty P 1
Jan 15	10,000	300	10	5	Sterile			20
Jan 29	5,000	600	20	Sterile	4			20
Feb. 26	17,000	70	10	10	50	5		30
Mar 12	20,000	15	Sterile	150	Sterile	Sterile		10
Mar 19	0 000	Sterile	Sterile	150	Sterile	Sterile		10
April 2	25,000	450,000	14,000		1,500	Sterile		10
April 9	40,000					10		25
May 7	5 000	650	Sterile	80	90	Sterile		10
May 21	10,000	80	120	120	10			10
June 4	70,000		5	10	250	5	1,500	10
June 18	10,000	Sterile	6,000	6	Sterile	30	1,100	50
July 16	20,000	20	30	20	Sterile	14	25	30
July 28	15,000	1,500	68,000	3 000	600	80	11,000	60
Aug 13	50,000	10	10,000	2,500	600	60	1,300	40
Aug 27	45,000	130 000	10	30	6,500	10	1,300	120
Sept 10	50 000	Sterile	Sterile	1 000	800	10		40
Oct 1	80 000	Sterile	5	1 500	Sterile	5		5
Oct 15	350,000	Sterile	50	1 000	Sterile	Sterile		5
Oct 26	180 000	50,000	50	50	10	Sterile		30
Nov. 12	125,000	Sterile	Sterile	350,000	100	750		16
Nov 25	Sterile	Sterile	Sterile	180	6	3,000		40
Dec 10	4	Sterile	Sterile	1,000	48	5,000		42
Dec 24		10	20		10	3,500		10
Nov 18	Sterile							
Number of Examinations	23	21	22	20	22	20	6	23
Average per person	59 000	50 155	44	18 056	551	674	2 04	30

NEWARK CITY WATER

PEQUANNOCK SUPPLY

Microbiological examinations of the Newark City water supply were made every two weeks during 1925, and the results show that the water was up to its usual high standard of purity so far as pollution was concerned as indicated by the absence of fermenting bacteria.

Samples were obtained from eleven sampling points in the city system of distribution selected because they represent the most critical conditions to cover the system from the source of supply to the faucets in Newark.

Microbiological plates were prepared in order to show the water content of the water at various sampling points. The plates were incubated at 37.5 C. for standard agar plates.

Water from Oak Ridge stream above Clinton stream	24	samples
Number of samples under 100 Bacteria per C. C.	7	"
" " samples 100 to 500 Bacteria per C. C.	13	"
" " samples 500 to 1000 Bacteria per C. C.	1	"
" " samples over 1000 Bacteria per C. C.	3	"
Water from Clinton stream above Oak Ridge stream	24	
Number of samples under 100 Bacteria per C. C.	6	"
" " samples 100 to 500 Bacteria per C. C.	11	"
" " samples 500 to 1000 Bacteria per C. C.	3	"
" " samples over 1000 Bacteria per C. C.	4	"
Kanouse Creek, above Pequannock River	24	"
Number of samples under 100 Bacteria per C. C.	2	"
" " samples 100 to 500 Bacteria per C. C.	11	"
" " samples 500 to 1000 Bacteria per C. C.	4	"
" " samples over 1000 Bacteria per C. C.	7	"
Water from Echo Lake Stream above Pequannock River	24	
Number of samples under 100 Bacteria per C. C.	10	"
" " samples 100 to 500 Bacteria per C. C.	7	"
" " samples 500 to 1000 Bacteria per C. C.	3	"
" " samples over 1000 Bacteria per C. C.	4	"
Water from Macopin Intake at Gatehouse	24	
Number of samples under 100 Bacteria per C. C.	4	"

Number of samples 100 to 500 Bacteria per C. C.	7 samples
" " samples 500 to 1000 Bacteria per C. C.	8
" " samples over 1000 Bacteria per C. C.	5
Cedar Grove Reservoir Inlet Gatehouse.	22
Number of samples under 100 Bacteria per C. C.	21
" " samples 100 to 500 Bacteria per C. C.	2
" " samples 500 to 1000 Bacteria per C. C.	1
" " samples over 1000 Bacteria per C. C.	0
Cedar Grove Reservoir Outlet Gatehouse.	24
Number of samples under 100 Bacteria per C. C.	14
" " samples 100 to 500 Bacteria per C. C.	6
" " samples 500 to 1000 Bacteria per C. C.	3
" " samples over 1000 Bacteria per C. C.	1
Belleville Reservoir at Inlet Gatehouse.	24
Number of samples under 100 Bacteria per C. C.	11
" " samples 100 to 500 Bacteria per C. C.	7
" " samples 500 to 1000 Bacteria per C. C.	3
" " samples over 1000 Bacteria per C. C.	3
Belleville Reservoir at Outlet Gatehouse.	24
Number of samples under 100 Bacteria per C. C.	11
" " samples 100 to 500 Bacteria per C. C.	7
" " samples 500 to 1000 Bacteria per C. C.	4
" " samples over 1000 Bacteria per C. C.	2
Dept. of Health Office Plane and William St.	24
Number of samples under 100 Bacteria per C. C.	24
" " samples 100 to 500 Bacteria per C. C.	0
" " samples 500 to 1000 Bacteria per C. C.	0
" " samples over 1000 Bacteria per C. C.	0
Laboratory Faucet City Hospital.	64
Number of samples under 100 Bacteria per C. C.	63
" " samples 100 to 500 Bacteria per C. C.	1
" " samples 500 to 1000 Bacteria per C. C.	0
" " samples over 1000 Bacteria per C. C.	0

R. N. Connolly, M. D., Bacteriologist.

Dear Doctor:

I have very respectfully submit a report covering the bacteriological examination of the City milk supply for the year ending December 31, 1925.

Respectfully,

G. WARD DISBROW, M. D.,

During the year 1925 there were brought to the laboratory 2,008 samples for examination of the general city supply. These were divided as follows: Certified, 106; A Raw 1,056; A Pasteurized 674; B Pasteurized 1,064. There were also brought in 208 samples for examination of the street-vended samples and 239 samples were taken from the City Hospital supply. The bacteriological plate counts were total 3,136 and a standard microscopic examinations were also made on these samples the total number of examinations being 10,414 for the year 1925 as follows:

Comparison with the requirements of the new ordinance shows that 94.56% of the Certified milk samples complied with the standard of 10,000 bacteria per c. c. permitted 82.57% of the Grade A Raw samples came within the requirements for the grade 88.13% of the A Pasteurized 178.85% of the B Pasteurized were also satisfactory for 1925 the grade B Certified 92.30% A Raw 86.76% A Pasteurized 88.00% and B Pasteurized 82.22%.

In the City Hospital series 52.63% of the samples examined came within the requirements for Grade B Pasteurized. For 1925 74.56% of the samples examined were satisfactory.

The microscopic examinations for Streptococci and Pus showed that 94.56% of the Certified milk samples were

1924. The figure for 1925 was 5.24%. This increase however is apparent rather than real for the number of positives is increased because of repeated re-examinations of milk from the same dairies in which streptococci had been found to be present. Streptococci were found present once in the Certified milk from one dairy supplying the City. No streptococci were found in the City Hospital supply.

SUMMARY

Certified	100	90.56%	acceptable
A Raw	1056	82.57%	acceptable
A Pasteurized	674	88.13%	acceptable
B Pasteurized	1004	78.85	acceptable
	2900	82.79%	acceptable
City Hospital	230	52.63	acceptable
Special Microscopic examinations	203	15.76%	positive
Routine microscopic examinations	2008	5.24%	positive
Total examinations	5028		

ANNUAL REPORT

OF THE

Serological Laboratory

ANNUAL REPORT
OF THE
Serological Laboratory

To Charles V. Craster, M. D., Health Officer.

Dear Dr. Craster:

Herewith is submitted the report of the work performed in the Serological Laboratory to the year ending December 31, 1925.

Respectfully submitted,

HARRISON S. MARTLAND, M. D.,
Pathologist

The total number of examinations made in 1925, far exceeding that of any previous year since the establishment of the laboratory.

During the year 14,303 Wassermann tests were made for the detection of syphilis. It is interesting to note that the test is still used by physicians more as a diagnostic examination in general medicine and surgery than for the diagnosis of true active syphilis. Active syphilis is usually easily diagnosed clinically, but the presence of old and latent syphilis is often difficult to recognize, and the great value of the Wassermann test in the study of syphilis is its value as a biological factor in general medicine and surgery.

Wassermann tests are made on every Tuesday, Wednesday, Thursday and Friday. Blood tests received in the laboratory before 12:00 M. are completed on the following day.

The Kolmer standard technic using cholesterolized antigen with eighteen hours ice-box fixation is used. The results we feel warrant the extra time and more elaborate technic required to perform this test than the simpler modifications. In our opinion the incidence of syphilis in admissions to a general hospital in a large city is about 10 to 15 to 20 per cent.

The large experience this laboratory has had with the Wassermann test firmly convinces us that such an important diagnostic test should only be performed in laboratories under city or state control, which are thoroughly equipped to handle the work and are constantly performing a large number of tests.

Furthermore, the close liaison between the wards and clinics of the City Hospital, City Dispensary and the laboratories allows us to have a very important clinical check on the results of a large number of the Wassermann reactions, a very important factor in the proper performance of the Wassermann test.

NUMERICAL SUMMARY OF LABORATORY WORK DONE IN THE SEROLOGICAL LABORATORY AT THE CITY HOSPITAL IN 1925

	Separate Items	Totals Only
Wassermann Tests.		
Blood Wassermanns	14,303	
Positive	1,992	
Spinal Fluid Wassermanns.....	438	
Positive	58	
	—	14,741
Source of Wasserman Tests.		
Physicians and Hospitals of Newark.....	8,423	
City Hospital	4,178	
City Dispensary	2,140	

How Wassermann was used

As diagnostic and therapeutic agent in the first two years of syphilis	340
As diagnostic and therapeutic and in old and latent syphilis	1,630
As diagnostic and in general surgery and internal medicine	13,365

Examination of Venereal Sores:

Direct examinations	120
(Including stained smears and aspiration of regional glands)	
Positive	65
Negative	120

Examination for Gonorrhea:

Smears for Gonorrhea	3,798
Cult. for Gonorrhea	
Positive	380
Negative	3,798

Examination of Spinal Fluid.

Rose-Bengal examination	424
(Including cell counts, colloidal gold, etc.)	424
	<hr/> 19,083

CULTURE COLLECTORS

Following is a summary of the work performed by the two culture collectors attached to the Bacteriological Laboratory, whose duty is to supply the culture stations with antitoxin and outfits for taking diphtheria cultures, sputa Wassermanns, typhoid and other blood tests, collect daily all such outfits used and left at the stations by the doctors, and delivered to the laboratory, with figures for past five years:

	1925	1924	1923	1922	1921
Antitoxin delivered	1,018	2,258	2,431	2,997	3,035
Outfits Delivered—					
Cultures	11,086	11,365	11,488	11,641	14,014
Sputa ..	3,538	3,512	3,958	4,213	4,806
Typhoid	1,266	1,019	1,040	1,194	1,324
Wassermanns	9,525	8,954	7,602	6,661	5,938
Catarrhal	4,707	4,515	3,756	3,364	3,308
Outfits Collected—					
Cultures	16,138	14,720	12,772	12,611	15,415
Sputa ..	1,828	1,974	2,472	2,745	3,099
Typhoid	425	356	*1,804	*5,494	4,901
Wassermanns	7,291	7,203	6,122	5,253	4,830
Catarrhal	2,742	2,731	2,368	2,021	2,065

*Not reported, collections not greater than diphtheria nasopharyngeal dispensary sent their outfits for Food Handler examination to culture collectors delivered them to the laboratory.

ANTITOXIN AND CULTURE STATIONS BY WARDS

Ward	STATION	Address	Telephone No
First	A. R. Bianchi	Seventh Avenue and Sherman Street	4665 Market
First	N. Spallan	123 Market Street	4673 Market
First	Vernon's Pharmacy	83 Belleville Avenue	3025 Humboldt
First	2nd Precinct Police Station	Summer Avenue and Seventh Avenue	5400 Market
First	P. Knecht	Clay and Broad Street	3664 Humboldt
Second	St. Michael's Hospital	Central Avenue and High Street	7610 Market
Second	City Dispensary	Plane and William Street	3310 Mitchell
Second	C. Holzhauer	785 Broad Street	1312 Market
Second	Kaplan Pharmacy	447 Broad Street	3783 Mitchell
Second	Petty's—City Hall Pharmacy	425 Broad Street	0941 Mulberry
Second	1st Precinct Police Station	Court and Washington Street	5400 Market
Third	St. Barnabas' Hospital	681 High Street	6616 Market
Third	Beth Israel Hospital	High and Kinney Streets	1326 Mitchell
Third	L. McEvoy	58 Springfield Avenue	4633 Market
Third	R. M. Ford	193 Clinton Avenue	1337 Waverly
Fourth	L. M. Greenfield	Broad and Market Streets	1337 Waverly
Fourth	M. J. O'Connell	Broad and Fulton Street	7190 Market
Fourth	Vernon's Pharmacy	14 Bleeker Street	4600 Mulberry
Fifth	Eckert Pharmacy	26 Walnut Street	3908 Market
Fifth	Seidler Drug Co.	107 Ferry Street	0202 Market
Fifth	I. P. Smith	27 Ferry Street	1764 Market
Sixth	J. Battisti	35 South Orange Avenue	1514 Mulberry
Sixth	City Hospital	169 South Orange Avenue	1539 Market
Sixth	P. J. Corrigan	11 Fairmount Avenue	9300 Market
Seventh		25 Wallace Place	3205 Market

ANTITOXIN AND CULTURE STATIONS BY WARDS *Continued*

Ward	STATION	Address	Telephone No
Seventh	Bank Pharmacy	26 Bank Street	344 Mulberry
Eighth	A. W. G. Pharmacy	80 Vesey Street	344 P. B.
Ninth	Central Pharmacy	28 Pine Street	645 P. B.
Tenth	H. J. Quinn	187 Bloomfield Avenue	1052 Humboldt
Eleventh	Resnick's Pharmacy	449 Summer Avenue	4065 B. B.
Twelfth	L. Arnold	684 Mt. Prospect Avenue	4134 B. B.
Thirteenth	St. Francis Hospital	400 Vesey Street	540 Market
Fourteenth	A. P. G.	400 Vesey Street	540 Market
Fifteenth	G. Linnett & Bros.	77 Lincoln Park	3034 Mitchell
Sixteenth	First Large	100 Broadway	540 P. B.
Seventeenth	B. M. Gersten	1016 Bergen Street	5740 Terrace
Eighteenth	Bergman's Pharmacy	1016 Bergen Street	5825 Bigelow
Nineteenth	White Pharmacy	45 Wright Street	1331 Waverly
Twentieth	East Side Pharmacy	Adm and Warwick Streets	4279 Mulberry
Twenty-first	Steinlein Pharmacy	480 Orange Street	0197 B. B.
Twenty-second	5th Precinct Police Station	Orange and Sixth Streets	5400 Market
Twenty-third	Orange	31 West Avenue	1951 Mulberry
Twenty-fourth	H. Wesp	28 Lincoln Avenue	6267 Market
Twenty-fifth	3rd Precinct Police Station	Fleming Avenue and Read Street	5400 Market
Twenty-sixth	A. Mariner	1041 South Orange Avenue	2878 Mulberry
Twenty-seventh	Avon Pharmacy	111 Avon Avenue	5096 Mulberry
Twenty-eighth	A. Reusch	11 Springfield Avenue	2444 Waverly
Twenty-ninth	7th Precinct Police Station	South Orange Avenue	5400 Market
Thirtieth	Byrne's Pharmacy	12th Street and South Orange Avenue	2094 Market
Thirty-first	F. L. Fend	76 Belmont Avenue	5835 Bigelow

ANTITOXIN AND CULTURE STATIONS BY WARDS *Continued*

Ward	STATION	Address	Telephone No
Fourteenth .	A Keeble	302 Springfield Avenue	3407 Bigelow
Fourteenth..	4th Precinct Police Station....	Seventeenth Avenue	5400 Market
Fourteenth..	C Wunsch	Springfield and 18th Avenues.....	2484 Waverly
Fourteenth..	Seigel Pharmacy.....	129 Sixteenth Avenue	5858 Bigelow
Fifteenth..	E Broen	3-8 Central Avenue.....	3301 Market
Fifteenth..	L Hagny	Central Avenue and Fifth Street....	4189 B B
Fifteenth..	Bower's Pharmacy.....	286 Orange Street.....	0734 B. B.
Sixteenth.....	F Jung	531 Clinton Avenue.....	2468 Waverly
Sixteenth..	W J Witt	821 Clinton Avenue.	2871 Waverly
Sixteenth..	6th Precinct Police Station...	Hunterdon and Bigelow Streets.....	5400 Market
Sixteenth ..	B & B Pharmacy.....	112 Clinton Place	3059 Bigelow

ANNUAL REPORT
OF THE
City Dispensary

DISPENSARY MEDICAL STAFF

SURGICAL

DAVID A. KRAKER, *Director*I. D. HASKELL, *Chief*

DERMATOLOGY AND SYPHILIS—DIV. A.

H. J. F. WALLHAUSER, *Director*ANDREW WALLHAUSER, *Chief*

DERMATOLOGY AND SYPHILIS DIV. B.

LOUIS A. KOCH, *Director*FRANCIS McCAULEY, *Chief**Associates*

R. SELLERS, (Syphilis)

ERNEST KAUFMAN

Assistants

AMES FILIPPONE

NATHAN HELLER

N. F. DEI DEO

GENITO-URINARY

C. R. O'CROWLEY, *Director*E. A. SEIDMAN, *Chief**Associates*

SAMUEL ROTHENBERG

Assistants

M. M. BROTMAN

NICHOLAS RAMOS

WM. ZUCKERMAN

W. B. EIN

W. T. RUMAGE

JAS. V. JASO

GYNAECOLOGICAL

W. GAUCH, *Director*A. J. GORDON, *Chief**Associates*

A. G. CHIMELNIK

PRENATAL

A. J. GORDON, *Director*R. J. CARUSO, *Associate*

PEDIATRIC

JULIUS LEVY, *Director*

Assistants

J. A. SCHRAMM
ARTHUR HEYMAN

H. B. SILVER
S. R. ROTH

PROCTOLOGICAL

DAVID A. KRAKER, *Director*
CARL H. WINTSCH, *Chief*

Associates

WM. RATHGEBER

Assistants

IRVIN M. BIERMAN

INTERNAL MEDICINE

FREDERICK C. HORSFORD, *Director*
NATHAN B. HELLER, *Chief*

Associates

D. R. MISHELL
MEYER LEVIN

SOL. LURIE
JULIUS BERNSTEIN
FLORA LAVAGGI

METABOLISM

THEODORE TEIMER, *Chief*

Associates

SPIGA WEISS

H. G. MCBRIDE

NEUROLOGICAL

CHRISTOPHER C. BELING, *Director*
JULIUS SOBIN, *Chief*

Associates

HARRY A. SCHACHTER

CARDIAC (Medical)

F. C. HORSFORD, *Director*
M. J. FINE, *Chief*

Associates

S. BERG

R. POMERANZ

Z. D. B. BALSON

ORTHOPEDIC

CARL R. KEPPLER, *Director*
L. A. CAHILL, *Associate*

GASTRO-ENTEROLOGY (Medical)

F. HORSFORD, *Director*

GEORGE B. WITT, *Chief*

S. BERNARD KAPLAN, *Associate*

TUBERCULOSIS

M. J. FINE, *Director*

Associates

IRVING WEINER

LOUIS DAVIS

JULIUS SOBIN

WILLIAM GREEN

NEWARK CITY DISPENSARY

Plane and William Streets

CLINICS

Medical	Daily	9 A. M.
Diseases of Children	Daily	10 A. M.
Surgical	Daily	9 A. M.
Genito-Urinary	Monday and Thursday	10 A. M.
Diseases of Women	Tuesday	3 P. M.
Cystoscopic	Wednesday	10 A. M.
Diseases of Skin	Tuesday and Friday	9 A. M.
Diseases of Rectum	Tuesday and Friday	10 A. M.
Syphilis, Male	Monday	2 P. M.
Syphilis, Female	Wednesday	2 P. M.
Eye, Ear, Nose and Throat	Monday and Friday	3 P. M.
Orthopedic	Tues., Thurs. and Saturday	9 A. M.
Dental	Monday, Wednesday and Friday	12.30 P. M.
Gynecological	Thursday	3 P. M.
Cardiac	Thursday	9 A. M.
Neuro-Psychiatric	Thursday	3 P. M.
Essex Co. Hospital, Petrole Clinic	Tuesday	2 P. M.
Nervous Diseases	Friday	2 P. M.
Metabolic	Monday 3 P. M. and Thursday	10 A. M.
Endocrinology	Monday and Thursday	9 A. M.

TUBERCULOSIS CLINICS

Adults and Children, Day (Except Saturday)	3 P. M.
Evening Clinic	Wednesday 6 P. M.
Colored Clinic	Tues. Fri. and Sat. 9.30 A. M.

ADMISSION TO SANITORIUM

Verona	Friday 10.30 A. M.
Glen Gardner	Wednesday 9.30 A. M.

ANNUAL REPORT

OF THE

City Dispensary

To Dr. Charles V. Croster, D. P. H., Health Officer

DEAR SIR: I herewith submit the annual report of the City Dispensary for the year 1925

Respectfully submitted,

HENRY A. OLTMAN,
Apothecary

Total number of new cases in the clinics	13,480
Total number of visits made by patients	60,954
Clinic prescriptions filled	64,887
Visits to patient's homes by District Physician..	5,206
Patients sent to the City Hospital and other Hospitals maintaining City beds	1,993
Total number of vaccinations.....	784

In reviewing the years' work in the City Dispensary for 1925 we find the attendance in the various clinics almost the same as the previous year. This is very gratifying in view of the fact that the population of the City has increased considerably and the people, having adopted a higher standard of living, are becoming more educated to health matters producing a healthier condition among them. Even in spite of the era of prosperity there is a class of people who will visit the City Clinics and undergo thorough examinations in regard to the health and in the cures of their afflictions.

I would like to call your attention to the urgent necessity of installing an X Ray Unit at the City Dispensary for diagnostic purposes which also would lift a big burden from the work of the X Ray Unit at the City Hospital, there being considerable trouble in transferring the pictures from one institution to the other.

The administration of insulin to the patients of the Diabetes Clinic was greatly handicapped during the year. The appropriation did not cover the purchase of the supply demanded and very often the patients were compelled to purchase their insulin outside and when neglected, a hospital stay was necessary. A liberal increase in this year's appropriation is needed as attendance at the clinic is constantly increasing.

Medical science is advancing so rapidly as well as standards of hospitals and dispensary administrations, that to maintain a proper standard service, involves expenses materially beyond those even of a few years ago. Is any service more humane than that which relieves suffering of the sick and promotes the wage earner's health and restores him promptly to activity as a productive unit?

The records of attendance and diseases treated at the clinics, patients sent to the different hospitals and prescriptions of district physicians in the treatment of the indigent sick at the homes is recorded in the following tables:

The Medical Staff again deserves hearty thanks for their diligent work in administering to the wants of the patients

RECAPITULATION

	1925	1924
Total number of patients treated	60,954	61,110
Chemical prescriptions filled	64,887	65,202
Total number of patients sent to City Hospital and others maintaining City beds.....	1,993	1,917
Total number of vaccinations.....	784	650
Total number of new cases in Clinics	13,481	12,324

NEW CASES IN CLINICS FOR YEAR 1925

Medical	2,573	Orthopedic	211
Surgical	1,639	Neurological	223
Eye, Ear, Nose and Throat	1,215	Rectal	173
Children	1,215	Metabolic	371
Skin	1,080	Cardiac	67
Gyn	566	Prenatal	158
Dental	1,375	Neuro-Psychiatric	59
Syphilis	556	Mental Parole	90
	Genito Urinary	501	
	Tuberculosis	1,270	

DISTRICT PHYSICIANS VISITS AND PRESCRIPTIONS
DISPENSED 1925

District	Prescriptions	Visits
First	122	594
Second	205	709
Third	140	551
Fourth	124	1,117
Fifth	158	1,484
Sixth	147	751
Total.....	896	5,206

TOTAL ATTENDANCE AT DISPENSARY BY MONTHS AND DISEASES TREATED

CLINIC	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Prenatal	26	23	31	34	48	52	53	66	55	61	33	40	522
Medical	364	509	668	661	644	670	707	717	660	539	544	545	7248
Chronic	45	4	8	8	8	3	16	9	7	14	14	3	333
Surgical	514	58	58	54	50	408	8	4	57	34	77	287	1334
Mental	34	38	29	57	60	74	54	49	59	67	46	22	586
Chronic	108	108	45	17	54	308	168	108	72	121	15	15	2200
Acute	6	—	176	101	7	14	8	118	—	8	1	114	1154
Chronic	1088	100	108	197	18	25	1	117	18	132	103	166	13452
Acute	9	8	30	8	5	80	0	46	8	5	65	85	878
Chronic	168	12	39	1	8	3	19	0	13	58	73	162	310
Gynaecological	57	79	127	140	127	147	133	133	130	83	82	98	1345
Chronic	39	26	48	55	—	64	83	9	67	88	91	56	811
Acute	18	83	188	179	41	213	13	64	6	14	179	140	1933
Chronic	8	8	8	8	18	94	28	7	61	8	78	67	1038
Acute	4	83	140	10	8	88	83	383	408	310	356	119	1410
Chronic	88	144	219	267	318	274	257	225	203	208	167	260	2667
Acute	4	30	9	30	14	18	11	30	4	34	6	5	84
Chronic	24	—	10	11	33	30	303	40	366	140	344	33	1551
Total	18	444	54	—	—	833	540	86	10	3	4	188	6074
Chronic	18	480	36	—	83	60	83	38	30	808	51	1008	6488

PATIENTS SENT TO CITY HOSPITAL BY PERMITS ISSUED FROM DISPENSARY FOR CITY
HOSPITAL AND CITY BEDS MAINTAINED BY OTHER HOSPITALS

HOSPITALS	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
City Hospital ..	63	46	71	55	81	85	67	71	61	91	62	54	807
St. Michaels ..	13	6	5	9	5	3	2	3	2	3	6	6	63
St. James ..	6	8	3	7	3	4	4	7	1	3	1	5	52
St. Barnabas ..	6	7	13	7	7	3	2	7	5	2	4	3	66
Newark, Memorial ..	10	4	5	4	13	3	2	1	7	6	6	10	71
Beth Israel ..	10	11	19	14	14	19	12	17	15	12	16	12	171
Eye and Ear Infirmary ..	33	32	39	31	35	25	16	7	26	28	32	28	332
Newark Maternity ..	1	2	3	1	1	1	4	2	5	4	2	3	29
Hospital and Home for Crippled Children ..	1	5	0	1	0	2	0	0	2	4	5	0	20
Eight Ave. Day Nursery ..	0	0	0	1	0	0	0	3	0	0	0	0	4
Total	165	160	182	163	195	174	152	161	148	176	174	143	1993

ANNUAL REPORT OF DENTAL CLINIC

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Examinations	15	21	38	14	40	18	17	12	8	27	11	23	244
Fractured Jaws ..	2	1	2	3	2	1	2	.	2	3		1	19
X-rays	6	3	9	14	18	9	6	8	6	10	8	6	103
Artificial dentures	1	1			1				1	1		1	6
Ora. prophylaxis	23	20	25	40	63	97	82	71	64	72	81	72	710
Office treatment	1			1	1						1	1	5
Other operations	14	12	29	51	22	42	36	34	27	18	10	38	333
Treatments	73	68	92	115	133	86	96	89	86	62	42	110	1052
Total	155	144	199	266	318	243	254	225	193	208	162	140	1669

CASES REFERRED FROM INSTITUTIONS

Dispensary Clinics	126	City Hospital	14
Parochial Schools	512	Other Institutions	62
Public Schools ..	72	U. S. Recruiting Office ..	2
City Home	11	State Rehabilitation Clinic	3
Arms House	5	Social Service Bureau	24
Eye and Ear Infirmary	4		

BUREAU OF VENEREAL DISEASES

Dr. Charles V. Craster, Health Officer.

DEAR SIR—Following is the annual report of the Bureau of Venereal Diseases for the year ending December 31, 1925.

Respectfully submitted,

H. J. F. WALLHAUSER, M. D.

Director.

WM. T. RUMAGE, M. D.

Assistant Director.

A review of the activities of the Bureau of Venereal Diseases during the past year would show that the bureau has continued to function with the same success manifested since its inception.

The attendance at the clinics has shown a marked increase in the number applying for treatment, not because the incidence of venereal diseases has increased but because there appears to be a general awakening of the people interested with gonorrhea, syphilis or chancroid to the need of expert advice and treatment.

In the gonorrhea clinic for males there was established a routine form of treatment which tends to simplify the work and lessens the duration of the disease.

The gonorrhea clinic for females has shown an increase in attendance due to the fact that when a case report comes to the bureau, giving the source of infection, a social service investigator calls and urges the patient to place herself under treatment.

The syphilis clinic for males and females has shown a steady increase in the number receiving treatment, partly

due to the fact that when patients become delinquent a social service investigator calls and urges them to continue treatment, failing which a warrant for their arrest is issued. As this method is generally known, the number of delinquents has shown a decided decrease during the past year.

A very important function of the bureau is the examination of all sex offenders apprehended by the police department. Prior to their arraignment in court they are brought to this department where a specimen of blood is taken for the Wassermann test, screens for the examination of gonorrhea and a general inspection made for the presence of any communicable diseases. If the screen is found positive to any of these conditions they are placed in isolation and treatment administered until they are no longer a source of infection. One of our social service nurses, who is stationed at the latter part of the Law Court, is often called upon for proper disposition of such sex offenders.

The social service staff consists of two males and two female investigators. They are especially well qualified for the consideration of sex offenders with regard to investigation of sources of infection. Delinquent male patients who are found to be infectious are forming as of this date a group of 100, many of whom are suffering from venereal diseases and not under medical supervision.

The Law Court does ever endeavor to instruct the public in the community of the dangers of sex delinquency and urges the young men and young women to guard against sex offences.

On November 19th, 20th and 21st, 1925 the National Hygiene Conference was held in this city under the auspices of the American Social Hygiene Association. The

New Jersey State Department of Health and the local Health Department. The attendance at all the sessions was unusually large, especially that on Medical Measures held at the Academy of Medicine with Dr. Charles V. Craster, Health Officer, as chairman. The speakers were Dr. A. J. Casselman, Dr. Edward L. Keyes and Dr. John A. Stokes, all of whom stressed the importance of early recognition of venereal disease and immediate treatment.

The bureau repeatedly urges the physicians reporting a case of venereal disease to ascertain the source of infection and to include it on the reporting card. In this way we often find a rendezvous for prostitutes and with the assistance of the vice squad, if necessary, apprehend the sex offenders and in that way wipe out a nest that is keeping venereal diseases rampant.

Close contact with other divisions in the department is always maintained. In the examination of food handlers for licenses, applicants suspected of having an infectious venereal disease are examined by this bureau and the findings reported to the Food and Drug Division. Assistance to the other clinics is also rendered when a diagnosis of a case is difficult to determine.

EXAMINATION FOR GONOCOCCI AT CITY DISPENSARY	
Total smears taken	1,702
Positive for Gonococci	614

NUMBER OF CASES REPORTED BY PRIVATE PHYSICIANS

	1924	1925
Syphilis	846	917
Gonorrhea	947	1002
Chancroid	18	26

FOOD HANDLERS EXAMINED

Number of Wasserman tests	31
Number of Wasserman tests positive	7
Number of smears taken	10
Number of smears positive	2

Number of Wasserman Tests taken at Newark City

Dispensary	2231
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TOTAL NUMBER OF INVESTIGATIONS MADE BY
BUREAU WORKERS

Special investigations	865
Positive cases	274
Total number of investigations	3897

VENEREAL DISEASE BUREAU

1925	GONORRHOEA				SYPHILIS				ANALOGOUS		Lymphatic		Secondary		Latent		Treated New Cases	Patients Dis- charged
	Old Cases		New Cases		Old Cases		New Cases		M		F		M		F			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Jan.	15	4	0	0	88	0	3	13	0	0	1114	678	6	1	0	1	50	66
Feb.	10	2	0	0	14	0	24	20	0	0	1138	664	4	0	1	1	193	14
March	222	9	42	1	257	211	38	21	2	0	1531	700	7	1	5	1	849	46
April	1	0	8	0	51	14	16	5	0	0	1109	49	0	0	1	2	4	74
May	9	8	31	0	59	1	11	18	0	0	1518	638	1	0	1	1	68	50
June	14	0	0	0	50	8	24	16	0	0	1411	58	0	1	0	0	0	17
July	5	0	0	0	18	0	14	20	0	0	1011	18	0	0	5	0	0	8
August	61	8	10	0	24	0	6	0	0	0	1338	218	0	1	0	2	55	84
September	13	0	0	1	18	0	8	0	0	0	10	638	4	0	0	0	0	0
October	1	8	0	0	24	188	0	0	0	0	1839	0	0	1	4	1	48	51
November	1	0	0	0	0	0	0	0	0	0	151	0	0	0	3	0	0	44
December	1	10	1	0	18	0	3	0	1	0	140	600	0	0	0	0	48	54
Total	4	100	190	0	801	281	81	24	0	0	1709	800	88	3	5	4	808	454

Doses of Neo and Arsphenamine given to The Newark City Hospital

Doses of Neo and Arsphenamine given to Private Physicians

Total Number of intravenous injections given at the City Dispensary

Other

100

20

5,84

100 20 5,84 100 20 5,84 100 20 5,84

POLICE CASES

Bureau of	Total		Positive		Negative		Positive		Negative		Total Prisoners Examined
	W		W		G		G				
	F	M	F	M	F	M	F	M	F	M	
1925											
January	22	19	3	8	19	11	4	2	18	17	41
February	51	33	4	7	47	26	3	0	48	33	84
March	60	59	6	10	54	49	2	2	58	57	119
April	38	26	3	5	35	21	4	1	34	25	64
May	40	24	1	2	39	22	1	1	39	23	64
June	38	32	4	3	34	29	7	3	31	29	70
July	15	10	1	2	14	8	2	2	13	8	25
August	17	16	1	3	16	13	1	1	16	15	33
September	9	14	2	4	7	10	0	1	9	13	23
October	20	20	2	6	18	14	3	0	16	14	40
November	24	15	1	4	23	11	2	0	22	15	39
December	11	15	2	4	9	11	0	2	11	13	26
Total	345	283	30	58	315	225	26	8	311	243	554

COMMITTEES TO REFORMATORY 141

Committed to Reformatory 9

Committed to State Home for Girls 3

Cases on Parole 19

PAROCHIAL SCHOOL MEDICAL INSPECTION 1925

The parochial school medical inspection service is carried on by six nurses to whom are assigned groups of schools, so that each nurse has approximately twenty four hundred (2,400) children under her immediate care. It has been found that this makes a workable unit enabling the nurse to carry out at least one physical examination for every pupil during the school year. There is also a close follow-up of infectious cases in each school so that when more than one case of contagion occurs in the same class or grade, immediate steps are taken to have a class inspection made by a physician from the Division of Communicable Diseases. By such means many Scarlet Fever carriers, frequently in the peeling stage, have been detected.

SCHICK TESTING

The incidence of Diphtheria in the Parochial Schools has been steadily declining since the beginning of the Schick testing and immunization campaign. With the work done previously and during 1925 there is now 52% of the school attendance tested and immunized against Diphtheria. The total number of school children tested during the year was 3,146, bringing the total number of children either naturally or artificially immune to 7,916 up to December 31, 1925. The response to the appeal for permission to carry out the test was considerably different in each school, so that in a few the percentage was almost 100 per cent and in others as low as 40 per cent of the total attendance.

The following table shows status of Schick testing December 31st 1925

School	Enroll- ment	Schick Tested	Negative	Positive
St Ann	480	229	117	112
Sacred Heart (Vails).....	680	498	157	341
St. Peters	520	336	187	149
St Antoninus	800	396	150	246
St Joseph	1,212	612	358	254
St. Rose of Lima.....	812	279	108	171
St. Augustine	210	29	15	14
Our Lady of Good Counsel.....	471	281	103	178
St. Casimer	1,450	888	628	260
St James	1,090	831	585	246
St Benedict	780	386	287	99
St Aloysius	800	237	63	174
St Bridget	125	93	63	30
St Philip	197	67	46	21
St Mary	300	74	48	26
St Patrick	750	309	174	135
St Stanislaus	810	608	416	192
St Cecilia	350	171	48	123
St Cecilia	880	348	173	175
St Cecilia	800	211	115	176
St Francis	300	145	61	84
St Francis	280	89	69	20
St Francis	300	327	268	59
St Francis	200	282	150	132
St Francis	200	50	38	12
<hr/>				
Total --December 31st, 1925	15,174	7,916	4,427	3,489
Total --December 31, 1924 ..		4,770	2,704	2,066
Total --December 31, 1923 ..		1,835	1,065	770

DENTAL WORK

The dental work is done by the dental department of the Department of Public Works. The dental department is organized so that frequently the average is as high as 75% of the total number. The facilities are such that the dental department is well equipped for repair or solving the dental problems of the city. The dental department is a part of the Naval Department and is under the control of the Free Dental Association. The dental department is well equipped to take care of the dental needs of the city.

of the children of the schools both public and private. The demand for such treatment, however, far exceeds any possible means of meeting it under the present scheme. To relieve the situation in the parochial schools, a campaign has been started to establish dental clinics in the larger schools, the Health Department supplying the equipment and the school authorities providing the services of volunteer dentists and a suitable room for the work. Two or three will be started early in 1926 and their success will decide their extension throughout the school system. This will probably be the most logical development in the case of a defect found to exist so very generally among all school children.

DEFECTS FOUND

The number of physical examinations carried out during the year numbered 12,753 among which 7,518 children were found to have some dental defect. Of these 4,711 or 63% were remedied as a result of visits to clinics or private dentists. Repair work is more generally directed to children over ten years of age and to graduating classes particularly.

Eye and ear defects totaled 899 of which 497 or 56% were taken care of either by active assistance of the nurse and attendance at a free clinic or by private family doctors. The cooperation of ophthalmists and optometrists has always been obtained very readily in the indigent cases so that glasses have been obtained almost for every case and sometimes donated by means of school societies or parish funds.

The more permanent defects under this head included cataracts, clefts congenital and traumatic, and cases of contagious disease. There were 148 skin eruptions, most of which the children subsequently recovered from.

The nose and throat defects found including nearly a dozen clefts and abscesses numbered 1,520 of which 967 or 64% were taken care of by operation in hospitals or at home. All such conditions found by the nurse are referred to clinic physicians who are asked to pass upon the desirability, or otherwise, of operation. When operation is advised, it can be obtained free at a number of hospitals or by the payment of a nominal sum in the greater number of private institutions.

Conditions of vermin found in children have been steadily improving since the outbreak of the verminous infestations in the school. The number recorded for 1925 was 1,254 of which 1,149, or 88% were removed. All the cases were subsequently taken care of, for no child with vermin present is allowed to attend school until the condition is cleared up. These figures include nits as well as actual vermin.

EXCLUSIONS

Children are excluded from school for a number of reasons, the most important, of course, being the possible presence of contagion. During the year, 1,017 children were so excluded for the following causes:

Non-vaccination	20
Unfree of vermin, etc.	329
Scrubbed sores	204
Suppurating abscesses	209
Contagion (Measles, Scarlet Fever, etc.)	146
Miscellaneous	109

PAROCHIAL SCHOOL MEDICAL INSPECTION 1925

SCHOOL	Teeth		Eye-Ear		Skin		Nose and Throat		Vermin		Clean	Lug in	Mental Defect	Epilepsy	Anatomical	Medical Treatment	Special Treatment	Inspected	Inspection Tables	Average
	Defect	Corrected	Defect	Corrected	Defect	Corrected	Defect	Corrected	Defect	Corrected										
St. Patrick's	356	30	80	35	28	14	48	40	68	43	1	3	0	28	5	118	883	30	1,155	9
St. Michael's	106	106	30	30	40	40	24	24	15	20	1	11	0	24	55	108	55	14	24	4
St. Vincent's	161	113	38	29	51	41	29	22	37	2	0	14	1	13	8	14	18	1,155	1,155	9
St. John's	121	110	30	28	38	35	35	19	27	1	8	1	16	5	5	588	588	1,155	1,155	9
St. Mary's	380	333	45	35	108	73	5	66	51	28	0	0	0	40	8	5	4	95	1,155	9
St. Anne's	346	45	35	33	11	08	83	33	10	20	2	0	0	5	0	55	163	4	28	2
St. Elizabeth's	475	3	58	15	21	8	81	36	5	46	0	1	0	1	0	55	18	2,155	1,155	4
St. Peter's	390	86	55	13	110	8	83	32	55	43	1	5	0	1	56	5	1	1,155	1,155	4
St. James's	550	311	83	28	85	1	8	20	41	40	0	0	0	0	5	15	8	1,155	1,155	4
St. George's	68	540	71	45	40	58	158	0	18	47	158	0	0	109	0	15	0	1,155	1,155	4
St. Andrew's	510	978	44	20	4	16	128	84	6	87	85	30	0	5	0	15	588	1,155	1,155	4
St. Francis's	70	137	20	14	0	1	64	34	53	43	55	9	0	56	10	588	841	1,155	1,155	4
St. Nicholas's	78	193	25	8	1	17	60	32	36	40	44	32	0	50	30	58	38	80	1,155	4
St. Margaret's	419	268	30	30	5	4	76	51	31	24	53	2	2	67	62	1076	914	1074	368	89
St. John's	809	408	55	34	14	7	130	84	77	69	67	0	0	76	95	954	1278	1048	322	81
St. Peter's	234	193	10	16	3	5	08	0	9	11	5	1	0	5	5	5	5	5	5	5
St. Mary's	34	4	4	0	3	3	53	32	6	13	5	6	1	04	5	85	82	7	14	0
St. Elizabeth's	230	4	8	8	0	0	19	0	4	10	5	0	0	10	10	14	60	10	100	5

ANNUAL REPORT

OF THE

Division of Tuberculosis

ANNUAL REPORT
OF THE
Division of Tuberculosis

To Charles V. Craster, M. D., Health Officer.

DEAR SIR: I herewith present the report of the Tuberculosis Division for the year 1925. This covers the work accomplished through our clinics, the examinations of free handlers, the nurses, physicians and general field activities.

Respectfully,

M. J. FINE, M. D.,
Director

TUBERCULOSIS IN 1925

M. J. Fine, M. D.

NEWARK AGAIN HAS A RECORD RATE
MORTALITY 83.4

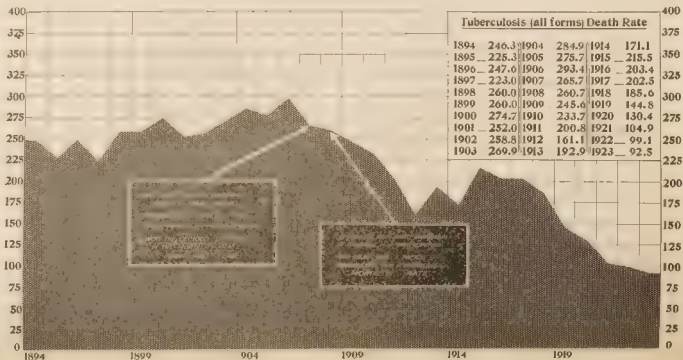
The tuberculosis death rate in Newark was again reduced in 1925, being 83.4, a drop of 41.2 full points from 1924 when it was 124.6 per 100,000. This is the tenth consecutive year in which the mortality rate has been forced downward, starting at 215.8 in 1915. The present rate, if even mentioned, a few years ago would have been considered as ideal but improbable of being reached. Today we have not only accomplished this but health experts all over the country are using every effort to increase the facilities for combatting the disease, including education, early diagnosis, more sanatoria beds and protection against infection in the

Mortality from Tuberculosis, Newark, N. J.

1924--87.9

1925--83.4

(Rate per 100,000 Population)



firm belief that the disease can be reduced to a minimum far below that already accomplished.

The value of the reduced rate for Tuberculosis is graphically shown when it is shown that the rate for 1915, if it had prevailed in 1925 would have caused 971 deaths instead of 378 or 593 more deaths in one year.

This record is the more remarkable in view of the fact that for Tuberculosis there has been discovered no Sovereign Remedy as in the Smallpox with the vaccination or Diphtheria with antitoxin and immunization. The credit is entirely due to health education, early diagnosis, sufficient beds and the recognition of the infectiousness of the disease.

MORBIDITY

Not only has the death rate been cut in one third, but the number of cases has been constantly decreasing, 872 as compared with 909 in 1924 and 1129 in 1923. Ten years ago, with a much smaller population, there were 2,146 cases. This is indeed gratifying, and can not be attributed to poorer reporting inasmuch as this to the contrary is unquestionably more complete. That the public must be induced to secure far more frequent examinations, however, is shown by the fact that despite excellent reporting, there were 73 deaths or almost 20% of the total not reported until after death. Most of these were due to the fact that among the poorer classes and especially the colored population, a physician is not called in in sufficient time for proper treatment and advice to be given. Of the 73, 27 were colored, entirely out of proportion, being a rate of 120 per 100,000 for colored as compared with 17 for whites. Many of these were post mortem diagnoses proving that the patient neglected to call a physician for what must have been very apparent symptoms of illness.

CHILDREN AND TUBERCULOSIS

That earlier diagnoses are being obtained with the resultant earlier treatment and reduction in deaths, is borne out by the fact that although there were less cases of tuberculosis reported in 1925 than ever, there was an increase among children from one to fourteen years of age to 186 cases as compared with 112 the year before. It is for this same purpose that we have started our active co-operation with the Parochial School Medical Inspection, especially in the nutrition class work wherein the children are closely supervised and examined and parents instructed as to the proper diet and hygiene for their better physical development. During the year 630 such children were examined.

COLORED MORBIDITY AND MORTALITY

The most outstanding problem in Tuberculosis work requiring our attention in this city is that of the colored population which has been made more acute in view of the increasing demand for colored help such as maids and porters caused by the restrictions on European immigration. The colored people are apparently more susceptible to pulmonary infections than the more acclimated whites. In addition to this there is a greater lack of health knowledge especially as to the proper hygiene of a cold climate.

There were 174 new colored cases in 1925 as compared with 148 in 1924, a morbidity rate of 800 per 100,000 as compared with 161 for the whites. There were 88 colored deaths as compared with 76 the year before, and constituting a mortality rate of 400 per 100,000 compared with a rate for the entire city of 83.4. The colored nurse and physician employed especially for this class have undoubtedly been of great assistance but their number will need to be increased to meet the need of this special condition. Much help has also been received from the various colored churches and social organizations.

HOSPITAL AND SANATORIUM BEDS

There is apparently a belief that with cases and deaths decreasing the need of sanatoria facilities is becoming less urgent. This is unfortunate and fallacious. As a matter of fact the number of applicants for such care in 1925 was 1026 as compared with 933 in 1924 and 946 in 1923. Incidentally the number of beds in the county has been reduced through the fact that no cases are accommodated at Scho and no corresponding increase provided at Verona. In this respect the City Hospital has aided greatly in caring for emergency cases and for those who can not be properly cared for at home while waiting for admission to the sanatoria. Many patients who were in such a serious condition when admitted to the City Hospital as to be almost hopeless, improved to such an extent that they were satisfactory for admission to Verona Sanatorium.

CLINICS

While there were fewer examinations at the clinics specifically for tuberculosis, there was an increase in the number of clinic examinations, 18,999 as compared with 17,669 last year and 17,408 in 1923. The number of children applying for examination for admission to summer camps also increased from 1832 to 2,063. The Hay Fever and Asthma clinics had an attendance of 259 as compared with 161 last year.

FOOD HANDLERS

The increase in the food handler examinations, 2276 more than last year, was principally due to the addition of milk dealers and grocers to those required by the Department to be physically examined. It is planned to expand this field from time to time to include every type of food handler in the city. This is not only an excellent preventive work from the standpoint of food protection, but is a big step

in the right direction toward educating the public in the value of periodic health examinations. During the past year 938 persons were required to be re-examined having suspicious symptoms, colds, etc. Among these 17 were found to be tuberculous, 10 with venereal diseases. In cases of this kind when definite diagnosis cannot be made temporary cards are given for one month at the end of which time they must be re-examined, thus enabling the Department to keep such persons under close observation.

HOME VISITS AND FOLLOW-UP WORK

During the year 18,332 home visits were made by our staff of nurses, to cases reported by private physicians, ambulatory and bed-ridden patients, cases waiting for admission to the sanatoria and others discharged from institutions. A close follow-up of those discharged from Glen Gardner, Verona and Farmingdale Preventorium was carried out, instructions being given in hygiene, sanitation and domestic science as to the preparation of food necessary for tuberculous patients and care in preventing infection of others. Literature is distributed and members of the families of patients examined to find if they are free from tubercular infection and to secure early treatment should the disease develop. The sanatoria are regularly advised concerning the patients' physical condition, work, earning capacity and social conditions. Very few patients are lost sight of.

The clinic physicians make home visits to bed patients to make positive diagnosis and send them to hospital, 124 visits having been made during the year:

SOCIAL PROBLEMS

The social problems so closely allied with tuberculosis are sometimes especially acute when the main factor or the principal member of the family is afflicted with the dis-

case, causing a lack of financial aid and often depriving the family of actual food. A great number of agencies have come to the rescue of the families in need. I would like to mention that the Jewish Anti-Tuberculosis League of New Jersey has helped a number of cases while waiting admission to the sanatoria, with money and food, disregarding their creed or race.

The writer would be pleased to see some legislation on the same basis as the Widows and Orphans Fund to provide for members of the families of patients afflicted who need sanatorium treatment, so that members who are deprived of the means to buy food or clothing and sometimes to pay rent, could be cared for so that the mental attitude of the patient could be at ease and the rest of the family well provided for.

TOTAL DEATHS AND DEATH RATES PER THOUSAND
 AND DEATHS AND DEATH RATES FROM PULMONARY
 AND OTHER FORMS OF TUBERCULOSIS
 SINCE 1900

YEAR	Total Deaths	Total Death Rate Per M.	Total Deaths Pulmonary Tuberc.	Death Rate Pulmonary Tuberc. Per M.	Total Deaths All Forms Tuberc.	Death Rate All Forms Tuberc. Per M.
1900	5,006	20.34	603	2.45	676	2.74
1901	4,863	19.7	581	2.32	630	2.52
1902	4,943	19.8	556	2.18	660	2.59
1903	4,973	19.8	626	2.35	718	2.70
1904	5,338	21.3	651	2.39	775	2.84
1905	5,035	20.1	647	2.28	781	2.75
1906	5,888	23.5	685	2.36	851	2.93
1907	5,773	22.8	685	2.28	797	2.65
1908	5,710	22.6	628	2.06	795	2.60
1909	5,840	23.1	596	1.92	764	2.45
1910	5,783	22.9	681	1.96	812	2.40
1911	5,333	21.1	584	1.66	707	2.01
1912	5,171	20.5	506	1.37	596	1.61
1913	5,171	20.5	631	1.66	733	1.93
1914	5,000	20.0	583	1.47	676	1.71
1915	5,387	21.5	687	1.83	808	2.12
1916	5,357	21.4	685	1.77	783	2.03
1917	6,070	24.0	704	1.74	820	2.02
1918	8,483	33.5	683	1.59	798	1.86
1919	5,334	20.5	552	1.26	637	1.45
1920	5,551	21.0	470	1.13	540	1.30
1921	5,174	20.5	392	0.92	446	1.05
1922	5,000	20.0	377	0.87	428	0.99
1923	5,000	20.0	357	0.81	406	0.92
1924	5,000	20.0	346	0.77	392	0.88
1925	5,000	20.0	335	0.74	378	0.85

TUBERCULOSIS STATISTICS FOR YEAR 1925

	1925	1924
Number Cases reported, White	625	
Number cases reported, Colored	174	
Number cases reported, Yellow	5	
Total number cases reported	872	909
Number deaths, White	289	
Number deaths, Colored	88	
Number deaths, Yellow	1	
Total number deaths.....	378	392
Number visits made by Division Nurses	17,908	
Number investigations made by Division Nurses	424	
Total number visits.....	18,332	18,283
Number children examined at clinic.....	1,245	1,840
Number adults examined at clinics (day)	1,981	2,575
Number examined at Colored clinic.....	1,560	1,848
Number examined at Garside clinic.....	421	482
Number examined at night clinic.....	132	273
Number examined at Waverly clinic.....	287	313
Number examined at Ironbound clinic.....	544	510
Number food handlers examined.....	9,865	7,589
Number examined for Camp Newark	2,063	1,832
Number examined Hay Fever and Asthma Clinic	259	161
Number examined in Chlorine clinic.....	12	246
Total number examined at clinics.....	18,999	17,669
Number examined at Verona clinic.....	381	371
Number examined at Soho clinic.....		15
Number examined at Glen Gardner clinic	579	604
Number examined at Farnumdale clinic	66	43
Total number examined at sanatorium clinics...	1,026	933
Number suspicious cases re-examined	138	750
Number Physicians visits to homes.....	93	158
Number Parochial School children examined	631	

REFERRED TO OTHER DEPARTMENTS FOR ATTENTION

	1925	1924
Disinfecting Division	361	345
Hospitals	346	228
Venereal Division	42	18
Food and Drug Division	38	31
Poor and Alms Division	33	28
Jewish Anti-Tuberculosis League	30	21
Sanitary Division	21	13
U S Veterans Bureau	14	20
Labor Department	10	8
United Hebrew Charities	9	5
American Red Cross	4	4
Child Hygiene Division	2	3

REFERRED BY OTHER ORGANIZATIONS

	1925	1924
State Board of Children's Guardians	62	55
Social Service Bureau	24	7
New Jersey Tuberculosis League	12	4
Labor Department	10	6
American Red Cross	8	3
United States Veterans Bureau	6	4

TUBERCULOSIS CASES REPORTED DURING YEAR 1925 MONTHLY, BY SEX, COLOR, AGE

MONTH	Male	Female	White	Colored	Young	Under 15											65 to 74	75 and over	1925 Total	1924 Total
						1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64						
January	4	55	57	8		1	4	7	6	5	4	21	5	9	2	1		65	9	
February	4	55	1	10		1	5	5	5	6	8	16	15	11	5	4		81	87	
March	5	28	1	15			5	4	5	7	12	18	12	16	7	3		81	81	
April	40	33	55	8			3	3	5	6	11	16	16	9	2			3	90	
May	45	34	61		1			6	9	10	10	15	14	10	2	3		9	91	
June	48	31	70	1		1	4	5	12	10	12	16	7	5	8	2		81	82	
July	11	26	50	19	1		5	1	6	4	15	10	8	7	3	1		9	14	
August	5	26	30	15			1	2			8	14	9	10	2	2		55	61	
September	46	31	74	13			5	4	8	6	13	16	13	6	4	2			80	
October	53	33	64	22		1	2	2			13	21	16	15	3			86	66	
November	11	23	56	15			4	1	4	4	10	15	22	3	4	2		6	51	
December	5	1	19	19				3	4	4	3	15	12	6	2			51	66	
Total	516	356	715	174	5	6	36	45	71	76	129	201	146	105	44	26		812		
1924	545	364	19	118	12	8	21	31	60	76	153	245	161	104	48	18	4		601	

TUBERCULOSIS DEATHS REPORTED DURING 1925 BY WARDS

Ward	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total		Un- der 15	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	Total
																	Male	Female										
1	10	0	0	1	0	10	24	10	29	5	13	2	45	32	20	25	9	5										318
		18	54		54	10	1	24	24	18	5		2	26	16	13	8	1		1								39

OCCUPATIONS OF REPORTED TUBERCULOSIS
PATIENTS FOR YEAR 1925

Housework	168	Nurses	2
Students	113	Peddlers	-
Laborers	109	Roofers	2
Unemployed	75	Stonecutters	2
Factory Workers	60	Steamfitters	2
Children (under 15 years) ..	60	Dressmakers	2
Clerks	40	Barbers	2
Food Handlers	37	Farmer	1
Machinist	9	Grinder	1
Nuns	9	Gardener	1
Drivers	9	Hod Carrier	1
Painters	8	Welder	1
Shoemakers	7	Weaver	1
Hatters	6	Insurance Agent	1
Ironworkers	6	Lawyer	1
Laundryworkers	6	Moving Picture Operator ..	1
Salesmen	6	Music Teacher	1
Chauffeurs	6	Manager	1
Toolmakers	5	Minister	1
Tailors	5	Orderly	1
Inspectors	5	Officer	1
Carpenters	5	Physician	1
Telephone Operators	4	Plumber	1
Tanitors	4	Packer	1
Leatherworkers	4	Presser	1
Mechanics	4	Paper Hanger	1
Polishers	4	Police	1
Retired	4	Rigger	1
Blacksmiths	4	Repairman	1
Bookkeepers	3	Real Estate Dealer	1
Electricians	3	Spinner	1
Engineers	3	Secretary	1
Stenographers	3	Shipper	1
Printers	3	Silversmith	1
Masons	3	Superintendent	1
Jewelers	3	Digger	1
Firemen	2	Errand Boy	1
Furriers	2	Cashier	1
Tanners	2	Car Finisher	1

Teamsters	2	Chemist	1
Waiter	2	Canvasser	1
Janitor	2	Conductor	1
Laborer	2	Bricklayer	1
Machinist	2	Brakeman	1
Maids	2		

NATIVITY OF REPORTED CASES

1925

United States	641
Italy	65
Poland	31
Russia	28
Austria	22
Germany	17
Ireland	16
England	10
Hungary	9
Greece	6
Scotland	4
China	4
Canada	4
Portugal	3
Spain	2
France	2
Lithuania	1
Turkey	1
Czecho-Slovakia	1
Cuba	1
Holland	1
Galicia	1
Switzerland	1
Philippine Islands	1
British West Indies	1
Total	872

NATIVITY OF REPORTED DEATHS FROM TUBERCULOSIS FOR 1925

United States	271
Italy	21
Poland	16
Ireland	15
Russia	14
Germany	13
Austria	7
England	6
Hungary	6
Portugal	1
China	1
Lithuania	1
Scotland	1
Greece	1
British West Indies.....	1
Roumania	1
Switzerland	1
France	1
Total.....	378

CASES AND DEATHS BY YEARS

	C	D		C	D
1925	872	373	1918	1,902	798
1924	889	392	1917	2,097	821
1923	1,126	46	1916	2,419	783
1922	1,112	498	1915	2,146	808
1921	1,247	446	1914	2,117	676
1920	1,766	54	1913	1,923	733
1919	1,869	637	1912	1,783	596

TIME ELAPSING BETWEEN DATE OF REPORTING
CASES AND DATE OF DEATH FOR 1925

After Death	Number	Total	Percentage	Total
7 days or less	53		14.02	
1 month	20		5.29	
		73		19.31
Preceding Death				
1 year	229		60.58	
2 years	28		7.41	
3 years	22		5.82	
4 years and over	26		6.88	
		305		80.69
				100%

ANNUAL REPORT

OF THE

Division of Child Hygiene

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ANNUAL REPORT
OF THE
Division of Child Hygiene

Dr. Chas. V. Craster, D. P. H., Health Officer.

Dear Sir:

I herewith present the report of this Division for the year 1925.

Respectfully submitted,

JULIUS LEVY, M. D.
Director

INFANT MORTALITY

The infant mortality rate for 1925 is 68.7, 31 $\frac{1}{2}$ points higher than the rate of 1924, which was 65.2. The total number of deaths under one year, however, is exactly the same as in 1924, 746. The difference in rate, therefore is partly due to a reduction in births in 1925, there being 597 fewer births in 1925 than in 1924. It is desirable to point out in this connection that infant mortality rates to be properly comparable from year to year should be based upon the total births and deaths under one year among those births occurring in the year for which the report is made. For practical purposes the method universally adopted is to base the rate upon the total births and infant deaths in the current year, though obviously the deaths are made up from births occurring in the previous year.

In a broad way, one who is familiar with the City can recognize the social, economic, and housing conditions that are

bonarrigant the vice that the baby problem by studying infant mortality rates for the respective wards. The highest infant mortality rate is in Ward No. 4, 129. This is the street of the City bounded by Broad Street and N. York, K. Howard Avenue and consists of a negro population living in only one rooming houses in dark and crowded quarters. The lowest infant mortality rate in any one ward is 35.1 for Ward No. 16. Wards No. 1, No. 6, No. 11, No. 12, No. 13 and No. 15 present similar infant mortality rates, varying from 64.5 to 68.5. It is interesting to observe that Ward No. 1 has a high infant mortality rate of 69.4 while Ward No. 8 has an infant mortality rate of 78.4. Ward No. 1 is a congested and crowded district consisting of 14 blocks while Ward No. 8 is one of the finest residential districts in the City. These findings are in accordance with those we have been accustomed to point out in previous years that the crowded and insanitary environments are not only the one factor in infant mortality but can neutralize the beneficial effects of advances in sanitation. Maternal nursing is much more extensive in Ward No. 1 than in Ward No. 8.

NEO NATAL MORTALITY

That there has been no real decrease in infant mortality can be gathered from the neo-natal rate which, since it is based upon the deaths under one month, is not influenced to the same degree as the deaths under one year by fluctuations in the number of births. The neo-natal rate for 1924 was 32.3 while for 1925 it was 30.3. That is there has been a reduction of 2 points in the neo-natal rate.

COLORS MORTALITY

The infant mortality rate among the colored for 1925 is more than twice that of the City as a whole, 155.1. This high infant mortality rate reveals to students of the pro-

Here the whole picture of social and economic maladjustments in which the negroes are compelled to rear their children. It tells of over-crowded, airless, sunless rooms, inadequate medical care, early disease.

The neonatal mortality among the colored is 65.2, which is more than twice that of the City as a whole. The deaths at this first month almost equal all the deaths in the next eleven months.

The influence of the negro population upon infant mortality is clearly indicated in Ward No. 3. In former years the births in this Ward were of Jewish percentage. In 1925 one third of the birth in this Ward were colored. The infant mortality rate formerly was about the same as Ward No. 1, ranging between 64 and 70. In 1925 the infant mortality rate rose to 83.6. This experience indicates very clearly that, with a growing negro population it will become increasingly difficult for Newark to maintain its enviable position among Cities like Los Angeles and San Francisco, as it has done in the past ten years, showing one of the lowest infant mortality rates among the 14 largest cities.

COLOR'D BIRTHS

The largest number of colored births is in Ward No. 3, practically one third of the total. The next largest number is in Ward No. 7, 92, the next, 71 in Ward No. 14. The lowest number is in Ward No. 13 with 6. Outside of these Wards they are more or less evenly distributed throughout the City.

On account of the high infant mortality rate among the colored and their great predisposition to ticks, the Division has supervised as far as possible all colored births. We have had 3 colored nurses since 1920. Since this time there has been an increase of 368 in the number of colored births.

There is therefore an immediate need of at least one additional colored nurse, if we are to continue the standard of work that has been maintained. It may be desirable to point out that the special effort to protect the health of the colored infant is required on account of the peculiarly unwholesome and unhealthy environment, in which colored children are reared. If we can succeed in preventing rickets, chronic respiratory diseases, and tubercular diseases, we shall be making an adequate return to the City and to the growing generation of colored children.

CAUSES OF DEATH UNDER ONE YEAR

The total number of deaths is the same as the previous year, 746, which was the lowest total number in the past nine years.

There was no increase in the number of deaths from measles, although from previous experience it was expected that there would be since the deaths from measles increase and decrease in alternate years.

There was a decrease in deaths from respiratory diseases. This is due to infants and to children are influenced very much by the occurrence of cases of measles and by the general vigor of the community in the prevention of rickets. With no increase in measles in the past year, we believe that the decrease in deaths from respiratory diseases is attributed to the reduction of deaths from respiratory diseases.

There was a reduction in the deaths from meningitis, as shown by the reduction in the low rate of 11 deaths.

There was a reduction in the deaths from diphtheria, also. The low rate of 10 deaths was maintained in 1923, 105 deaths in 1922, and 106 deaths in 1921. We have had any other low rate since 1917, except the low rate of 10 deaths in infantile diphtheria in 1917, the same 250 deaths under one year

from diarrhoea, while in 1925 there were 105. One can visualize the great increase in general healthfulness and freedom from sickness that has come from child hygiene supervision and the adoption of scientific methods of feeding and rearing of babies by recognizing that this reduction in deaths from diarrhoea does not come from the better care and treatment of infants sick with diarrhoea but as the result of the prevention of malnutrition, atrophy and gastrointestinal disturbances.

The one group of diseases, in which there has been no reduction, is that listed as, "early infancy, congenital debility, prematurity." This number was 376, 26 more than in 1924 and about the same number that was reported in 1923. There has been practically no reduction in this group since 1922. Special efforts have been made to affect this group but not with any very encouraging results. A great many of these deaths occur in the first days and hours of life and are the result of the same factors that will be mentioned in relation to stillbirths and puerperal deaths. Syphilis, clinical hypoxia, the application of forceps, the use of pituitrin, each contributes its quota to this great loss of infant life.

NURSES ACTIVITIES

With a small staff of 17 nurses to carry on the child hygiene work in the entire city, every effort has been made to cover as large a field as possible without lowering the proper standards of work.

During the year the nurses have had under their supervision 7,490 babies, of which 3,910 were born in 1925. This has always been the central feature of the work. They have visited the babies in the first months of life at least once a week, since this is the period of highest mortality and they after at varying intervals of from one to four months. Pre-

maternity and infant clinics have received more frequent visits, according to the needs of the cases. The mortality rate among babies under one year for the City was 68.7 per 1,000 live births in 1923, which is practically one-third less. In this group, as the rest of the 24 hours population of 144,841 live births, the nurses have visited frequently within the first day or two of life and have been able to prevent the deaths of a number of premature and immature infants, but there are factors here again that can be relieved or eliminated only in part and are influenced considerably by racial and social characteristics and medical practice.

PRENATAL CARE

A realization of the high mortality in the early days and months of life prompted this Division to try to teach mothers the care of their babies before the infants were born. It was found that through the guidance of expectant mothers, the chances of having preparations made for the infants, of establishing the proper diet for the mothers so that they would be more disposed and able to nurse their babies, and that there would be an opportunity to arrange for the proper kind of obstetrical and nursing care in case any difficulty was anticipated. These considerations prompted us to point out to the nurses that effective child hygiene work could be done only when every newborn baby was under the prenatal care of the nurse who later would be responsible for its welfare. Constant emphasis therefore has been placed on increasing the number of expectant mothers under supervision. The results are very encouraging. In 1924, 2,338 mothers received prenatal supervision while in 1923, 2,441 mothers received prenatal supervision. This represents an increase of 103 and about doubles the number in 1919. This additional work was possible because the nurses soon realized that the time spent

with the expectant mother would considerably reduce the time required with the mother after the baby was born. The nurses have found also that in certain groups a considerable number of mothers are informing them that they expect a second child, before the nurses have terminated their visits in the home with reference to the first child. The record shows that in some neighborhoods 14% of the mothers have been taken on as prenatal cases before their babies were one year old.

This Division has conducted 4 prenatal clinics a week for the general education of mothers in the hygiene of pregnancy and early infancy. In the past year 775 visits were made to these clinics by expectant mothers. The prenatal clinics are in charge of a trained obstetrician who, as a result of examinations, advises the patient of any special care she must receive and particularly if she should be delivered in a hospital. The same nurses who are visiting these mothers or their babies or at least at all times are visiting in the same neighborhood then continue the instructions in the home. In accordance with the plans that have been carefully worked out and developed at the very inception of the Division, prenatal clinics have always been made a part of the child hygiene unit and not developed independently. There would, therefore, be a regular increase in the development of prenatal clinics and prenatal work together with the general extension of child hygiene work in the City.

The nurses have made 42,477 visits to the homes, in order to teach the mothers proper care of themselves and their babies. No death rate can indicate the enormous influence for greater healthfulness and normal living upon the lives of mothers and babies that these visits, which deal entirely with preventive health through educational methods, have had.

PREVENTION OF BLINDNESS

During 1928, 7 cases of ophthalmia neonatorum were reported to the Division of Health, were of gonorrheal origin. However, cases of blindness as a result of ophthalmia have occurred in this City according to our records 32 since its inception by the nurses. The nurses visit these cases as frequently as necessary to insure proper medical and nursing care. In some cases this represents 2 or 3 visits each. With the district method of nursing, that is, placing all children on a district under one nurse, this is possible at a very small cost of time or labor.

MATERNAL MORTALITY

The maternal mortality rate was 77. This is a slight increase over 1924. There are 2 outstanding features in the past year which must be mentioned in any attempt to understand the maternal mortality problem. One is the change in the composition of the population and the other is the reduction in the number of births delivered by natives. As a result of selective immigration, the percentage of mothers born to foreign mothers has naturally been reduced. There is, however, an increase in the number of births delivered by natives. At the same time, in comparison with the past year, that has been noted for the past five years, there has been a marked reduction in the number of births delivered by natives. As a result of these circumstances there has been, therefore, a natural tendency of the fact that an increase in the percentage of mothers delivered by natives and in hospitals and the elimination of the natives would result in a reduction of maternal mortality. In 1924, when the percentage of mothers delivered by natives was 48.7%, the maternal mortality rate was 22, while in 1925, when the percentage of mothers delivered by natives was 25.8%, the maternal mortality rate was 77. It is also important to recognize

that a considerable number of deaths figured in the puerperal deaths are quite beyond the control of either the doctors or health departments. We refer particularly to those that result from criminal abortion. The maternal mortality rate among mothers who received prenatal care from the Division was 2.1 in contrast with that of the City, 7.7.

From a study of the maternal mortality problem it is our impression that it is considerably influenced by the character of the population. Certain races and social groups are more liable to disease and practices that predispose or lead to infection, abortion, stillbirths, and difficult labors. The maternal mortality rate is largely affected by the distribution of these groups in the population and by the care the expectant or parturient woman obtains. It would appear, however, that the stock of the groups and the general practices are a more determining factor than the character of the attendant.

STILLBIRTHS

The stillbirth rate for the City shows a slight reduction over last year but does not indicate that any marked improvement has occurred in the conditions that produce stillbirths. When we recall that about 25% of these stillbirths are due to syphilis and that a considerable proportion are due to difficult obstetrics, we can realize that reversible change in this condition will obtain until greater effort is made in the detection and eradication of syphilis and unless surgical interference is required in deliveries. The stillbirth rate among mothers who received prenatal care from the Division is 12.3, while that for the City is 42.9. We are disposed to look upon this more as a consequence than as the direct result of supervision.

MIDWIVES

The midwives attended 2,799 births or 25.8%. This is the lowest percentage since 1916. Each year there has been a reduction of practically 10%. The distribution of births attended by midwives naturally varies in the different wards. The lowest percentages are found in Wards No. 2 and No. 9 with 6.7% and 7.7% respectively. The highest percentage is found in Ward No. 10 with 60.3%.

The continuous and marked reduction of mothers attended by midwives is the result of a number of factors. Probably the greatest factor is the lessening of immigration. The more rigid supervision of midwifery practice has also led to a reduction of the number of midwives with a raising of their standards and undoubtedly an increase in the charges. One of the principal arguments of those who opposed midwifery supervision and probably still oppose it, was that with the raising of the standards of the midwives there would be an increase in the number of cases attended by midwives. Newark's record completely disproves this argument.

The supervision of midwives, which was started in New Jersey in 1912 as a function of this Division in order to protect maternal life, has been carried on in the past 7 years by the State Department of Health. This is as it should be, since first, the activities of midwives are not limited to any one community and second, they are licensed by a State Department and the power of suspension and revocation of licenses rests with the State Department. There is, however, very close harmony and co-operation between the State Department and those local bureaus that are able to or desire to take an interest in midwifery activities.

The midwives practicing in Newark have continued their active co-operation with the nurses and the Division, as is

clearly shown by the heterogeneity with which they have maintained the 24 hours notification of births. With very little urging on our part, midwives notify the Division immediately after delivery on postals supplied for this purpose of all births they attend. Detailed reports on the status of the midwifery practice in Essex County appear in the publications of the State Department of Health.

BOARDING HOMES

In 1925 there were 76 licensed boarding homes in contrast with 45 in 1924. There was also an increase in the number of persons requesting boarding homes for their children and a considerable rise in the number of children boarded out during 1925. It is very remarkable that this should have developed in a period of general prosperity and absence of non-employment.

The Division has continued to maintain a strict supervision of persons boarding children and all children in boarding homes.

The co-operation received from the press, whereby they refuse to accept an advertisement from anyone wishing to board children unless she can show a license from the Department, has been very helpful in preventing the development of unlicensed boarding homes.

While the homes are licensed by this Department, the list is made available to all agencies. Persons wishing to board their children are referred to an agency in the hope that an investigation of their situation will reveal some other solution than the separation of children from their families. We should say that for about 50% of the people applying for boarding homes it has been possible to find some other solution.

An analysis of the reasons for mothers or fathers re-

existing boarding homes for their children presents some interesting facts. Out of 84 requests, it was found that 23 were caused by the desertion of the father and 4 by the desertion of the mother, that 18 were prompted by temporary economic causes such as illness in the mother; that in 13 instances either the mother or father was dead; that 12 were the result of insufficient income either because the father's earnings were inadequate or because he was out of work. Particularly impressive in the listing of these causes is the group coming under "desertion", a cause which represents about one third of all the applications. Again we find a social health problem and up with a very broad social, moral, and religious issue.

MARRIED MOTHERS

294 illegitimate births were reported to the Division in 1928, and only 177 were reported to the Bureau of Vital Statistics. This would indicate that 27 babies came into the City or were not properly reported in the first place.

The Division is continuing the method of placing active supervision on the mother and babies at least for one year by cooperation with the hospitals and social agencies, particularly the Charity Mission of Help. The work has been very encouraging in some directions.

Of 128 mothers supervised 117 returned home with their babies. Only 3 infants under 6 months of age were placed in boarding homes. 27 mothers were placed in the Convalescent Home for Nursing Mothers for periods varying from one to four months. While according to our records the colored births represent about 8% of the total births, the colored illegitimate births represent about 41% of the total illegitimate births. An important group of facts to consider is the number of mothers who have had more than one illegitimate infant. While these records are necessarily

imperfect, they serve as the basis of study. Certain facts gathered from our studies are worth emphasizing to indicate where the stress should be laid in this work. Of the 54 cases under age, 5 were considered feeble-minded and 13 full but not defective. While mental defectiveness is a contributing factor, it does not appear to be as large a factor as some maintain. It is interesting to note that only 27 of the 204 were foreign born. This is particularly impressive in a City like Newark which has such a high percentage of foreign born. Of the 54 under age only 4 were foreign born. The number of cases referred to the Division was practically the same as in 1924 when there was a marked increase over previous years.

The Convalescent Home for Nursing Mothers continues to occupy its important place in dealing with this problem. While only a few girls are placed at any one time, it is generally felt that in these instances the Home makes it possible to work out some solution. In addition to taking care of mothers and babies sent to the Home, we have tried also to take care of some premature and immature infants who require breast feeding. In other cases breast milk was sent out from the Home to hospitals or private physicians. During the year 3,027 ounces of breast milk were dispensed, for which the girls received the sum of \$302.00.

RECOMMENDATIONS

The methods followed by the Division have been carefully developed in the past 12 years. The policies with slight additions and modifications, are the same as those introduced into the City by the studies of the Public Welfare Committee of Essex County. The appropriations for this work are inadequate. This fact has been emphasized each year, particularly in the past 5 years.

Accepting the premise that all cases of infantile

wards of hospitals and by midwives should receive the benefit of guidance and advice in child hygiene, the Division has tried to extend its work to this group. It has succeeded in doing this only in part. There are about 1000 mothers by day care wards of hospitals and by midwives who should be receiving the regular supervision. It has been possible to place nurses in only a small portion of Wards No. 8, No. 9, No. 13, and No. 16. There are in these wards approximately 500 births attended by midwives and at least 500 deliveries in wards of hospitals. At least 5 nurses should be made immediately available to extend the child hygiene work to these groups. With the extension of the nursing work to these wards, there would go naturally what we have always considered our unit of organization; that is, the establishment of perinatal clinics and by keep well sections, the supervising of boarding homes, ophthalmic, neonatal, and maternal mothers, and related child hygiene activities.

STATISTICAL SUMMARY

1925 INFANT MORTALITY RATE

A Deaths under one year per 1,000 births—	
1 For entire City.....	68.7
2 For infants supervised by Division.....	45.1
B Deaths under one month per 1,000 births—	
1 For entire City	30.3
2 For infants supervised by Division...	21.4
3 For infants whose mothers received prenatal care from Division	23.8
C Stillbirths per 1,000 living births -	
1 For entire City.....	42.9
2 For infants whose mothers received prenatal care from Division	12.3
D Puerperal deaths per 1,000 deliveries—	
1. For entire City.....	7.7
2 For mothers who received prenatal care from Division	2.1
∴ Total births	10,852
Total deaths under one year	746
Total deaths under one month	329
Total stillbirths	466
Total puerperal deaths.....	87
Attended by midwives at any time.....	20
Attended by doctors and hospitals only....	67

SPECIAL BIRTH AND INFANT MORTALITY STATISTICS

Wards	Total Births	Total Deaths Under One Year	Infant Mortality Rates	Midwives Births	Percentage		
					Deaths per 1,000	Total per 1,000	Infant per 1,000
1	867	58	66.9	392	15.7	48	8.5
2	255	19	74.5	17	7.5	63	14.1
3	754	63	83.6	149	28.5	168	35.5
4	155	20	129.0	31	26.2	13	7.1
5	531	49	92.3	301	56.8	33	6.2
6	392	26	66.3	77	15.6	33	8.4
7	399	30	75.2	119	8.5	51	12.8
8	740	58	78.4	162	17.2	53	12.5
9	854	46	53.9	66	7.7	18	5.3
10	702	66	94.0	423	20.5	61	15.8
11	372	24	64.5	54	14.5	18	1.8
12	566	38	67.1	269	15.5	14	3.5
13	1,003	67	66.8	137	15.5	6	6.6
14	898	64	71.3	417	14.4	23	7.0
15	336	23	68.5	86	5.6	43	8.3
16	770	27	35.1	94	12.1	1	6.6
Non residents,	1,258	68	54.1	2	2		
Total	10,852	746	68.7	2,799	5.8	891	8.3

DEATHS UNDER ONE YEAR FOR 1916-1925 BY CAUSES

YEARS	Measles	Bronchitis	Pneumonia	Meningitis	Diarrhoea	Other Contagious Diseases	Early Infant, Congenital Debility, Prematurity	All Others	Total
1916	23	55	122	24	196	86	435	85	1,026
1917	0	77	121	26	250	50	430	86	1,035
1918	33	84	156	30	273	83	442	112	1,213
1919	2	42	87	24	244	27	345	90	862
1920	16	57	143	19	191	66	402	100	994
1921	5	38	83	12	178	27	403	91	837
1922	14	44	128	11	153	22	362	88	822
1923	15	32	94	10	105	21	376	103	756
1924	4	38	106	17	115	24	356	86	746
1925	4	26	99	11	105	23	376	103	746
Average for Ten Years	11	49	114	18	181	43	393	84	904

NURSES' ACTIVITIES

	1919	1920	1921	1922	1923	1924	1925
Supervised babies born in 1925				3,265	4,223	4,326	4,010
Total number of supervised babies	3,706	3,011	4,553	5,520	7,268	7,765	7,490
Nurses' visits to homes	40,783	32,591	37,095	40,331	43,308	45,254	42,477
Mothers' visits to consultation stations.	3,721	3,963	6,625	7,768	8,173	8,354	7,801
Expectant mothers receiving prenatal care	1,269	1,680	1,684	1,777	2,028	2,338	2,441
Bad housing conditions reported	448	666	660	204	70	40	32
Contagious diseases reported.	33	141	82	110	36	65	45
Eye smears taken	27	69	55	107	87	71	32

PUERPERAL DEATHS, 1916-1925

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Total number of puerperal deaths for City.	26	29	53	5	71	74	88	89	87	87
Midwives in attendance at any time	7		10	8	7	10	14	12	10	20
Rate per 1,000 deliveries for City	2.2	2.4	4.5	4.9	6.4	6.3	8.2	4.6	7.5	6.7
Rate per 1,000 births attended by midwives	1.0	1.0	1.8	1.5	1.4	2.0	3	3.3	3.1	7.1
Total number of births for City	11,446	11,880	11,601	11,315	11,734	11,705	10,993	11,111	11,449	10,852
Total number of births attended by midwives	5,582	5,698	8,338	5,148	4,712	4,470	3,764	3,552	3,261	2,799
Percentage of births attended by midwives	48.7%	48.0%	46.0	45.4%	40.1	38.1%	34.2%	31.9%	28.5%	25.8%

BOARDING HOMES

Number of active licensed homes on December 31, 1925....	76
Requests for boarding home	84
Children boarded during 1925	15
Other solutions to problem	27
Children in homes at end of year.	118
Children taken from homes by parents or agencies	120
Children placed for adoption	0
Sick children	12
Died in boarding home	0

UNMARRIED MOTHERS

Total number of illegitimate births reported by Vital Statistics Division	177
Number reported to Division	204
Not supervised	76
Supervised part of year (moved)	29
Supervised entire year	99
Returned home with babies	117
Sent to Convalescent Home	27
Supervised mothers married	9
Stillbirths	5
Babies died under 1 month—hospital, 12; home, 4	16
Babies died under 6 months—hospital, 16; home, 4	20
Babies died under 1 year—hospital, 16; home 4	20
Mothers died in childbirth or within 1 month	1
Babies adopted during year	2

Special Tables of Vital Statistics

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR 1925

Included in this report are the following causes of death:—

CAUSES	Yel-	Col-	White	Total	Males	Females	Under 1	1 and Under 5	5 and Under 10	10 and Under 15	15 to 25	25 to 45	45 to 65	65 and over
Infantile Parvosis			8	8	5	3	1	1	3	5	3			
Typhoid Fever		1	4	5	4	1					1	3	1	
Malaria														
Smallpox														
Measles		1	8	9	5	4	3	3	2	8		1		
Scarlet Fever			5	5	2	3			3	3	1			
Whooping Cough		7	17	24	11	13	13	3	7	23	1			
Influenza		1	12	13	8	5	3	3		6		1	6	
Meningitis		7	13	20	6	14	3	3	8	14	4	2		
		6	17	23	12	11		2	4	6	4	5	5	
Cancer, Malignant Tumor	6	22	465	493	223	270		2		2	2	71	254	163
Simple Meningitis		7	23	30	16	14	5	3	4	12	6	2	7	1
of the Brain		23	336	359	154	205					2	19	147	191
							11			18	10	109	31	152
Bronchitis		10	60	70	36	34	26	3	2	31	1	4	8	26
Pneumonia, Lobar		77	298	375	229	146	28	22	18	68	16	117	109	40
Pneumonia, Broncho		52	157	209	94	115	71	32	21	124	3	18	27	32
Appendicitis and Typhlos			11											
Colon, Intestine Obstruction		6	78	84	53	31	2	1	4	7	16	15	22	2
Cirrhosis of Liver		2	41	43	23	20	6	3		9	4	1	9	9
			25	26	18	8						4	15	7
Other Incurable Diseases		5	56	61		61					14	45	2	
Congenital Defects & Malformation		61	315	376	226	150	376			376				18
Old Age		1	47	48	9	39								
Accident		24	319	343	250	93	6	8	23	37	33	28	92	
Intoxication		10	21	31	21	10	2			2		4	24	1
Struck			54	54	41	13					2	18	74	1
Undefined Causes		11	35	46	34	12	17	3	2	22	2	1	1	
All Other Causes	1	75	745	821	440	391	51	11	13	75	44	36	153	100

is estimated for these calculations at 455,000

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY MONTHS
Including Deaths at Solano and Verdera Hospital and Non-Residents

CAUSES	Rates per 100,000 Population	Totals	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Total, All Causes		5447	556	424	535	503	475	462	380	393	358	366	438	512
Infantile Parasitoses	1.8	8						1	3	1	4			
Measles	1.1	5	1							1	1	1	1	
Scarlet Fever							1							
Diphtheria	.0	9	1	1	2	3	1		1					
Whooping Cough	1.1	5		1	1	2				1				
Smallpox	.5	24	2	2	2	3	2		2	4				1
Typhoid Fever	9.3	42	6	4	5	4	1	5	2	3				1
Paratyphoid Fever	5.0	13	2	1	2	1	1			1				
Typhus	1.8	8			1				1	1				1
Other Epidemic Diseases														
Tuberculosis of Lungs (Consumption)	73.9	335	35	34	30	26	39	33	29	21	4		4	30
Males	64.4	30			5			1		1			1	
Females	83.4	365	4	4	1	2	4	4	2	3			4	30
Non-Residents	168.8	455	4	4	5	29	41	30	37	47	48	46	44	50
Males	129.3	359	5	5	4	29	41	30	37	47	48	46	44	50
Females	188.3	890	9	8	8	87	70	66	55	64	59	66	65	9
Non-Residents	15.8	4			1	9	5	1		1			4	9
Pneumonia, Broncho	8.8	38	28	22	17	31	28	13	11	10	8	12	18	18
Males	6.6	25	2					1						9
Females	11.0	53	4	5	5	5	5							
Non-Residents	28.5	129	6	5	5			11	8	5	1			
Appendicitis and Typhlitis	18.5	84	4	5	9	7	8	6	11	1				
Males	15.5	45			7			4						
Females	5.7	26	1	3		1	5	2	4	1				
Non-Residents	33.3	15	6			5	6	8	14	1				
Males	3.6				1			1						
Females	34.4	15	5			1	5	7	14					
Other Puerperal Diseases	13.5	61	8	2	4	3	6	5	8					
Males	83.3	5						4						
Females	10.6	48	1	4	5	4	3	4	3					
Accident	75.7	343	24	19	29	32	16	50	23	22	22	28	35	45
Males	6.8	31	5	4	3	2		1						
Females	11.9	54	5	3	3	6								
Non-Residents	10.2	46	1	6	2	3	5	5	16	8				
All other Causes	181.0	821	81	70	79	78	74	70	53	60	68	80	45	58
Totals for Year, 1924		5,111	435	478	513	499	455	385	364	365	368	380	415	488

DEATHS IN INSTITUTIONS, ETC., FOR 1925

Newark City Hospital	246
St. Michael's Hospital	51
St. Barnaba's Hospital	80
St. James' Hospital	53
Newark Memorial Hospital	86
Beth Israel Hospital	43
Homeopathic Hospital	31
Presbyterian Hospital	54
Newark Private Hospital	52
Lincoln Private Hospital	9
Clinton Private Hospital	15
Essex Private Hospital	11
Essex County Hospital for Nervous Diseases	50
Essex Mountain Sanatorium (Newark Residence)	87
Babies Hospital	99
Eye and Ear Hospital	21
Women's and Children's Hospital	21
Newark Maternity Hospital	10
North End Hospital	6
St. Girard's Hospital	16
East End Hospital	9
Home for Aged (Little Sisters of Poor)	43
Home for Incurables	16
Home for Crippled Children	9
Arthur Pitney Home	12
Baptist Home	6
Hebrew Home for Aged	1
House of Good Shepherd	1
St. Mary's Orphanage	1
Florence Crittenden Home	2
Alms House	1
Newark Orphanage	1
St. Peter's Orphanage	1
Essex County Hospital for Insane	1

GENERAL TABLE No. 1, 1925

Deaths from all causes, not including non residents or unknown deaths by wards age and sex, including deaths in City Hospital, and the Sanatoriums at Soho and Verona, New Jersey

ADJUSTED RATE 10.97

AGES	1st Ward	2nd Ward	3rd Ward	4th Ward	5th Ward	6th Ward	7th Ward	8th Ward	9th Ward	10th Ward	11th Ward	12th Ward	13th Ward	14th Ward	15th Ward	16th Ward	Total
Under 1 year																	
Males	32	22	41	12	30	12	14	34	21	49	14	17	45	34	12	17	382
Females	26	7	32	8	19	14	16	24	19	26	9	21	22	25	13	10	294
Between 1 and 4																	
Males	18	5	15	4	16	3	15	7	6	4	3	9	1	14	7	5	131
Females	11	3	12	1	11	0		9	5	11	3	5	8	16	8	3	128
Between 5 and 9																	
Males	6	1	2	1	5	4	1	4	8	3	3	9	3	3	3	2	58
Females	4		4		5	1	2	4	1	5	5	6	5	8	3	2	55
Between 10 and 14																	
Males	3	1	6		4	2	4	5	4	1		5	3	1	1	1	41
Females	4		3		4	2	4	3		1		3	3	2	1	2	32
Between 15 and 19																	
Males	5	1	5	3	3	2	2	5	3	3	2	2	5	2	2	4	49
Females	4	2	8		1	5	3	6	1	4	2	1	8	6	1	6	58
Between 20 and 24																	
Males	1	3	8	4	4	3	3	2	3	1	3	4	7	4	3	5	58
Females	5	5	8	2	6	5	5	1	8	4	2	2	8	6	2	6	75
Between 25 and 29																	
Males	1	2	10	2	6	1	5	5	3	2	3	3	7	6	4	1	61
Females	5	3	17	3	6	7	4	4	3	3	5	4	11	9	5	7	95

GENERAL TABLE No. 1, 1925—Continued

and the Sanatoriums at Soho and Verona, New Jersey

AGES	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Total
Between 30 and 34—																	
Males	6	5	14	8	7	3	10	6	10	5	4	9	8	8	4	8	115
Females	7	4	12	2	5	2	5	6	9	6	3	4	9	13	5	5	97
Between 35 and 39—																	
Males	7	8	23	12	13	3	9	10	9	6	3	9	10	8	8	9	147
Females	7	7	18	5	8	5	6	8	8	5	6	7	8	10	6	9	135
Between 40 and 44—																	
Males	12	9	35	8	10	4	11	9	8	13	12	15	9	14	7	15	191
Females	8	8	11	4	8	5	9	7	10	8	6	10	1	8	4	1	114
Between 45 and 49—																	
Males	5	14	25	15	12	7	15	10	16	13	6	7	11	23	6	17	202
Females	8	8	23	5	6	12	2	8	14	5	1	8	12	8	6	15	141
Between 50 and 54—																	
Males	11	8	18	11	1	7	7	7	10	8	8	1	1	18	8	1	108
Females	8	9	14	6	3	8	9	12	21	6	7	6	16	12	8	20	165
Between 55 and 59—																	
Males	9	7	22	8	8	8	6	21	23	6	9	14	33	14	10	18	216
Females	1	6	18	4	8	6	1	10	10	8	8	8	8	10	8	1	110
Between 60 and 64—																	
Males	12	14	15	13	9	11	12	18	21	8	14	11	24	13	16	25	235
Females	9	11	10	1	6	9	6	17	19	7	11	10	26	14	14	20	190

GENERAL TABLE No. 1, 1925 -Continued

Deaths from all causes, not including non residents or unknown deaths, by wards, age and sex, including deaths in City Hospital and the Sanatoriums at Soho and Verona, New Jersey

AGES	1st Ward	2nd Ward	3rd Ward	4th Ward	5th Ward	6th Ward	7th Ward	8th Ward	9th Ward	10th Ward	11th Ward	12th Ward	13th Ward	14th Ward	15th Ward	16th Ward	Total
Between 65 and 69 -																	
Males	10	18	11	18	9	1		23	18	6	8	3	22	6	9	16	180
Females	11	14	13	5	5	10	9	19	18	8	22	9	22	10	6	18	183
Between 70 and 74—																	
Males	3	7	11	4	2	9	7	12	15	2	11	10	16	9	4	14	136
Females	4	8	1	3	8	6	12	16	12	5	15		19	14		19	140
Between 75 and 79—																	
Males	3	7	1	6	7	5	2	18	9		4	8	6	3	7	10	96
Females	3	7	4	3	7	11	5	14	18	2	14	6	13	4	6	8	125
Between 80 and 84 -																	
Males	3	3	4	1		2	5	10	6	1	4	2	6		3	11	65
Females	3	2	6	4	5	1	4	11	5		0	1	5	1	2	11	83
Between 85 and 89 -																	
Males		1		1	1		2	4	2		4		3	2	2	3	25
Females		1		1		1		15			1	1	8	2			50
Ninety years and over—																	
Males	1							2	3		1		1			1	9
Females	1	1		2	1	1	1	7	1	1	3			2	1	5	27
TOTALS -																	
Males	148	135	251	170	182	13	134	1	223	124	116	182	240	15	18	16	2,052
Females	89	108	21	0	115	10	114	21	192	169	22	08	240	17	28	13	1,558
Both Sexes	238	243	472	170	297	23	248	22	415	293	238	190	480	32	46	29	3,610

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including Deaths at Soho and Verona Sanatoria

FIRST WARD, 1925

CAUSES	Yellow	Colored	White	Total Deaths	Males	Females	Under 1 Year	1 and Under 2	2 and Under 5	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total, All Causes		29	257	286	147	139	58	19	16	93	16	15	44	74	44
Infantile Paralysis															
Typhoid Fever															
Malaria															
Smallpox															
Measles		1	1	2	1	1	1	1		2					
Scarlet Fever															
Whooping Cough		1		1		1					1				
Diphtheria			2	2	1	1		1	1	2					
Influenza			1	1		1		1		1					
Other Epid.															
Typhoid		1	1	2	1	1		1		1	1				
Scarlet			1	1		1									
Diphtheria			9	9	2	7		1		1			1	7	
Whooping Cough		1	1	2	1	1	1			1	1				
Measles		1	27	28	11	17							2	12	14
Mumps			34	34	19	15	4		2	6	1	1	1	16	9
Other		1	3	4	3	1	4			4					
Broncho.		1	26	27	19	8	4		4	12	2	3	3	6	1
Other Respiratory Diseases		3	22	25	10	15	10	2	4	16			1	7	1
Tuberculosis			5	5	3	2			1	1			1	1	2
Pneumonia			1	1											
Other			1	1											
Appendicitis and Typhlitis			4	4	2	2		6		1	2	1			1
Cirrhosis of Liver		1	1	2	1	1				1				2	
Bright's Disease and Nephritis		2	8	10	3	7							1	5	1
Diseases of Women (not Cancer)															
Puerperal Septicaemia		1	1	2		2							2		
Other Puerperal Diseases			4	4		4							4		
Eclampsia															
Hypertension					1	1									2
Homicide		1	1	2	2							1			
Suicide															
Ill-defined Causes		2	1	3	2	1	1	1		2		3	1		
All Other Causes		2	40	42	23	19	5	1	1	7	4	3	6	13	9

The death rate for the First Ward was 8.7 per 1,000 of population, as against 9.6 for the previous year. The present population of the first ward is estimated for these calculations at 32,848.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including Deaths at Soho and Verona Sanatoria SECOND WARD, 1925

CAUSES	1 Year	Col- ored	White	Total	Males	Fe- males	Under 1 Year	1 to Under 2	2 to Under 5	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total	1	46	194	241	133	108	19	5	3	27	2	11	41	84	76
Influenza															
Measles															
Scarlet Fever			1	1	1							1			
Diphtheria			1	1		1				1			1		
Influenza															
Epidemic Meningitis (Cerebro Sp.)															
Other Epidemic Diseases															
Tuberculosis of Lungs (Consumption)		3	14	17	11	6						4	8	3	2
Tuberculous Meningitis															
Other Tuberculosis		1	2	3	2	1		1		1				2	
Cancer Malignant Tumor	1	3	17	21	10	11							3	11	
Apoplexy Softening of the Brain		3	11	14	8	6							2	5	
Organic Heart Disease		7	36	43	26	17							4	21	18
Bronchitis			4	4	2	2									4
Pneumonia, Lobar		6	12	18	12	6		1		3			5	5	3
Pneumonia, Broncho		4	5	9	5	4			1	3		1	1	2	3
Other Respiratory Diseases			2	2	1	1							1		
Diseases of the Stomach (Cancer excd)		1	1	1	1	1								1	
Diarrhoeal Diseases (under 5 years)			1	1	1		1			1					
Appendicitis and Typhitis		3	1	4	1	3							1	1	
Hernia Intestina Obstruction			1	1	1	1									1
Cirrhosis of Liver			2	2	2										1
Bright's Disease and Nephritis		7	10	17	7	10								2	8
Diseases of Women (not Cancer)															
Puerperal Septicaemia			1	1		1									
Other Puerperal Diseases			2	2		2						1	1		
Congenital Debility and Malformation		5	9	14	8	6	11			4					
Old Age			1	1		1									1
Accident			18	18	10	8			1	1		1	2	4	8
Homicide			2	2		2						1	1		
Suicide			1	1	1	1									
			1	1	1	1								1	
		3	48	51	24	27			1	3				18	13

The least mortality in Second Ward was 12.9 per 1,000 of population as against 13.5 for the previous year. The present population of the second ward is estimated for these calculations at 18,593.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
 DECEMBER 1898 - in Victoria, British Columbia

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DEPARTMENT OF PUBLIC WORKS

CAUSES	Yel.	Col.	White	Total	Males	Fem.	Under 1	1 and Under 5	2 and Under 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and over
Total, All Causes		202	271	473	251	222	63	6	20	89	15	29	139	64
Infantile Paralysis			1	1	1				1					
Dysentery														
Malaria														
Small pox														
Scarlet Fever														
Whooping Cough		1	1	2		2			2	2				
Diphtheria		3	1	4	2	2	1	1	2	4				
Influenza														
Epidemic Meningitis (Cerebro Spinal)														
Other Epidemic Diseases														
Pneumonia, Lobar		34	22	56	35	21	5	2	1	8	3	4	27	12
Pneumonia, Bronchial														
Other Respiratory Diseases		5	5	10	6	4	1		1	2	1		4	2
Diseases of the Stomach (Cancer exc'd)		5	1	6	4	2	1			1		1	3	1
Diseases of the Intestines		1		1						1				
Appendicitis and Typhlitis		3	5	8	6	2					2	1	2	3
Hernia, Intestinal Obstruction			1	1	1		1			1				
Cirrhosis of Liver			2	2	1	1						2		
Bright's Disease and Nephritis		7	21	28	13	15	1		1	2		1	8	13
Diabetes Mellitus		1		1									1	
Other Puerperal Diseases		4	3	7		7						2	5	
Congenital Debility and Malformation		17	11	28	13	15	28			28				
Old Age		1	3	4	1									1
Accident		5	21	26	22	4			1	1	2	1	13	
Homicide		4	1	5	4	1							5	
Suicide			4	4	2	2							3	
Ill-defined Causes		5	3	8	4	4	3		1	4	1	3		
All Other Causes		22	24	46	23	23	6		1	7	1	4	13	6

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX AGE AND COLOR
Including Deaths at Solis and Verona Sanatoria FOURTH WARD, 1925

CAUSES	Yellow	Colored	White	Total deaths	Males	Females	Under 5 Years	5 to 14 Years	15 to 24 Years	25 to 44 Years	45 to 64 Years	65 and over
Tuberculosis	1	1	1	3	1	2						
Pneumonia			2	2	2					2		
Meningitis												
Meningitis (Meningitis)												
Organic Heart Disease			1	1	1							
Pneumonia (Lobar)												
Pneumonia (Broncho)												
Tuberculosis Meningitis	1	1	1	3	1	2						
Other Tuberculosis												
Simple Meningitis	1	1	10	12	12	5					10	5
Organic Heart Disease	1	6	32	39	26	13				6	21	12
Pneumonia (Lobar)		1	10	11	7	4	1		2	6	1	
Pneumonia (Broncho)		6	4	10	8	2	5	2	1	8	1	
Pharyngitis			1	1								
Pharyngitis (under 5 years)												
Appendicitis and Typhlitis			2	2	2							
Hernia, Intestinal Obstruction			1	1		1				2		
Cirrhosis of Liver			1	1	1							
Bright's Disease and Nephritis			8	8	6	2						
Diseases of Women (not Cancer)		1	1	2	2					1	1	1
Periparturient Septicæmia			1	1	1					1		
Old Age			4	4	1	3						
Accident		1	10	11	9	2	1					
Homicide		1	1	2								
Suicide			3	3	3							
Ill-defined Causes			5	5	5							
All Other Causes	1	4	19	24	17	7	1					

The present population of the fourth ward is estimated for these calculations at 13,601.

MOLE FRACTION OF MELANIN IN HUMAN HAIR AS A FUNCTION OF SEX, AGE AND COLOR

[illegible]

FEBRUARY 1925

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DEPARTMENT OF PUBLIC WORKS

fifth ward is estimated for these calculations at 22,802

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE, AND COLOR
Including Deaths at Soho and Verona Sanatoria SIXTH WARD 1925

The death rate for the sixth ward was 10.5 per 1,000 of population, as against 9.7 for the previous year. The present population of the sixth ward is estimated for these calculations at 22,221.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR

By Frank D. Smith, School and Public Health Officer

SAVANNAH, GEORGIA, 1918

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DEPARTMENT OF PUBLIC WORKS

CAUSES	White		Colored		Deaths		Males		Under 1 and 2		Under 5		15		25		45		65	
	Year	2	Year	2	Year	2	Year	2	Year	2	Year	2	Year	2	Year	2	Year	2	Year	2
Total, All Causes	62	189	251	135	117	30	11	11	52	11	13	57	63	55						
Infantile Paralysis	1	1																		
Typhoid Fever																				
Malaria																				
Scarlet Fever																				
Whooping Cough																				
Pneumonia																				
Simple Meningitis																				
Apoplexy - Softening of the Brain																				
Pneumonia - Lobular																				
Pneumonia - Broncho																				
Other Respiratory Diseases																				
Diseases of the Stomach (Cancer excepted)																				
Typhilitis																				
Cirrhosis of Liver																				
Diseases of Women (not Cancer)																				
Puerperal Septicæmia																				
Other Puerperal Diseases																				
Violence																				
Accident																				
Homicide																				
Suicide																				
Ill defined Causes																				
All Other Causes																				

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including Deaths at Soldiers and Veterans Sanitaria EIGHTH WARD 1925

CAUSES	Yellow	Col	White	Male	Female	Total	Under 5 years	Under 15 years	Under 25 years	Under 35 years	Under 45 years	Under 55 years	Under 65 years	Under 75 years	Under 85 years	Under 95 years
Total, All Causes	7	44	49	8	5	88	8	8	8	1	14	8	18	15		
Infantile Paralysis																
Typhoid Fever																
Malaria																
Scarlet Fever			2	2												
Whooping Cough			1	1	1											
Diphtheria			4	4	3	1										
Epidemic Meningitis (Cerebro Spinal)			3	3	3											
Other Epidemic Diseases																
Tuberculosis of Lungs (Consumption)			1	1												
Tuberculous Meningitis																
Other Tuberculosis																
Cancer, Malignant Tumors			2	11	4											
Simple Meningitis																
Apoplexy, Softening of the Brain			2	11	3	15										
Organic Heart Disease			3	1	7	4										
Pneumonia, Lobar			1	1	2	12										
Pneumonia, Broncho			1	1	14	7										
Other Respiratory Diseases			6	6	4											
Diseases of the Stomach (Cancer exc'd)					3											
Diarrhoeal Diseases (under 5 years)			9	11	4											
Scabies and Typhitis					4											
Hernia, Intestinal Obstruction																
Cirrhosis of Liver																
Bruitt's Disease and Nephritis			9	9	11	18										
Other Puerperal Diseases																
Congenital Debility and Weakness			1	1	1											
Old Age			3	3	3											
Accident			1	1	9											
Homicide																
Subsided			4	4												
Undefined Causes			5	5	5											
Unrecorded Causes			5	5	8	44										

The present population of the eighth ward is estimated for these calculations at 33,43.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR

Lemma 3.1. Let \mathcal{A} be a \mathcal{C}^* -algebra and let \mathcal{B} be a \mathcal{C}^* -subalgebra of \mathcal{A} . Then

MINI-H WARD 1-25

ward is estimated for these calculations at 37.919.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including Deaths at Soho and Verona Sanatoria TENTH WARD 1905

CAUSES	Yellow	Colored	White	Total deaths	Males	Females	Under 1 Year	1 to Under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 and Over
Total, All Causes		36	197	233	126	107	66	10	1	8	10	11	4	59	31							
Infantile Paralysis																						
Typhoid Fever																						
Malaria																						
Smallpox			1	1	1		1															
Measles																						
Scarlet Fever																						
Whooping Cough		2	2	4	3	1	3	1														
Diphtheria			3	3	1	2																
Influenza			2	2	1	1	1															
Epidemic Meningitis (Cerebro Spinal)			1	1	1		1															
Other Epidemic Diseases																						
Other Respiratory Diseases			9	9	9	12																
Diseases of the Stomach (Cancer exc'd)			16	16	3	9	1															
Appendicitis and Typhitis			23	23	12	14	1		1													
Cirrhosis of Liver			8	8	3	4	1	2														
Bright's Disease and Nephritis			6	6	3	3	5	2														
Diseases of Women (not Cancer)			1	1	1	1																
Debility and Malformation		8	21	29	18	11	29															
Unexplained Causes			11	11	9	2			2	2	2	1	3	1	2							
Other Causes			1	1	1																	
Unexplained Causes			2	2	2																	
Other Causes			1	1	1																	
Unexplained Causes			3	3	3																	
Other Causes			25	25	15	13	3	1														

The death rate for the tenth ward was 9.4 per 1,000 of population in 1905. The population of the tenth ward is estimated for these calculations at 24,800.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX AND COLOR In the District of Columbia, 1906

CAUSES	Yel.	Col.	White	Total	Males	Fe.	Under 5	1 and Under	2 and Under	Under 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and over
Total, All Causes	9	227	236	117	119	24	1	3	28	8	10	40	63	87	
Infantile Paralysis															
Typhoid Fever		1	1		1							1			
Malaria															
Whooping Cough			2	2	1	1	1		1	2					
Diphtheria			2	2		2			1	1	1				
Influenza															
Scarlet Fever															
Epidemic Diseases															
Simple Meningitis			1	1		1									
Apoplexy Softening of the Brain			1	1		1									
Organic Heart Disease			1	1		1									
Arteriosclerosis															
Pneumonia, Lobar			13	13	7	6	2		2						
Pneumonia, Broncho			3	4	3	1	2		2						
Other Respiratory Diseases			3	3		3									
Diseases of the Stomach (Cancer exc'd)			3	3	3							3			
Diseases of the Liver															
Bright's Disease and Nephritis			1	1	1										
Diseases of Women (not Cancer)															
Puerperal Septicaemia			1	1		1									
Other Puerperal Diseases			2	2		2									
Congenital Deformity and Malformation			13	14	11	3	14			14					
Age			5	5		5									
Accident			11	11	5	6			1	1	4				
Homicide			2	2	1	1									
Self-Suicide			3	3	1	2									
Un-defined Causes			1	1											
All Causes						18	1	1							

The death rate for the eleventh ward was 10.5 per 1,000 population. The death rate for the eleventh ward is estimated for these calculations at 22,926.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including Deaths at Soho and Verona Sanatoria

TWELFTH WARD 1895

CAUSES	Yellow	Colored	White	Total	Males	Females	Under 1 Year	Under 2	Under 5	Under 5 Years	5 to 14	15 to 44	45 to 64	65 and over
Total Causes		1	100	101	51	50	58	6	8	5	25	60	6	5
Infectious Diseases			1	1	1	1								
Typhoid Fever														
Measles														
Scarlet Fever			1	1		1	1			1				
Diphtheria		1	5	6	3	3	2	1	1	1				
Influenza			8	8										
Epidemic Meningitis (Cerebro Spinal)			2	2										
Other Epidemic Diseases														
Tuberculosis of Lungs (Consumption)		1	20	21	12	9						3	4	
Tuberculous Meningitis			1	1										
Other Tuberculosis														
Cancer, Malignant Tumor			17	17	8							1		
Simple Meningitis			1	1	1									
Apoplexy (Stroke) and Brain Diseases			15	15	1									
Organic Heart Disease			44	44	19	25						0	16	11
Bronchitis			4	4	3	1	3							
Pneumonia, Lobar		2	15	17	13	4	1	1						
Pneumonia Broncho		1	6	7	5	2	4	1						
Other Respiratory Diseases			6	6	2	4								
Diseases of the Stomach (Cancer exc'd)			6	6	4									
Diarrhoeal Diseases (under 5 years)		1	8	9			8							
Amoebic and Typhilitis			3	3		1								
Hernia Intestinal Obstruction														
Cirrhosis of Liver														
Bright's Disease and Nephritis			15	15	7	8						3	4	8
Diseases of Women (not Cancer)														
Puerperal Septicæmia			1	1		1						1		
Other Puerperal Diseases			3	3		3						2	1	1
Old Age			1	1		1								1
Accident			26	26	21	5		1		1	1	2	8	3
Homicide														
Suicide			2	2	2								1	1
Ill defined Causes			4	4	2	2	2			2				2
All Other Causes		6	31	37	18	19	1		1	2	4	1	12	12

The present population of the twelfth ward is estimated for these calculations at 27,785.

MORALITY FROM PAIN AND PLEASURE TESTED BY SEX, AGE AND COLOR
S. D. LUSK, CLAYTON S. LUTZ

JOURNAL OF THE NEW YORK ACADEMY OF SCIENCES, VOL. 7, NO. 6, PP. 908-925, 1952.

1913-14, N. J. W. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 83

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including Deaths at Soho and Verona Sanatoria **FOURTEENTH WARD 1925**

CAUSES	Yel-	Col-	White	Total	Males	Fe-	Under 1 Year	1 and Under 5	2 and Under 5	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total	38	5	567	610	411	199	61	15	14	43	10	24	64	108	64
Infantile		1	1	1	1						1	1			
Tuberculous															
Non-tuberculous															
Non-tuberculous			3	3	1	2		2	1						
Non-tuberculous			1	1	1	1	1								
Non-tuberculous	1	3	4	1	3	1			1	2		1			
Epidemic Meningitis (Cerebro Spinal)		1	1	1	1				1	1					
Other Epidemic Diseases															
Tuberculosis of Lungs (Consumption)		6	25	31	17	14						8	18		1
Tuberculous Meningitis			1	1	1										
Other Tuberculosis															
Simple Meningitis		1	1	2	2				1	1				4	13
Apoplexy Softening of the Brain		1	15	16	6	10								1	5
Organic Heart Disease		2	45	47	26	21								24	1
Pneumonia, Lobar		4	25	29	19	10	4	1	4	9	1	1		9	
Pneumonia Broncho		3	9	12	6	6	4	5		9				1	
or Respiratory Diseases			5	5	2	3								1	
Diseases of the Stomach (Cancer excd)			3	3	2	1								3	
Diarrhoeal Diseases (under 5 years)		1	17	18	7	11	14	4		18					
Enteritis and Typhitis			9	9	7	2					3	1	3	2	
Peritonitis Intestinal Obstruction		1	2	3	3		1			1				1	
Bright's Disease and Nephritis		2	23	25	16	9	1		3	4	1		4	10	6
Other Puerpera Diseases			5	5	5					1		1	4		
Congenital Deformity and Malformation		5	24	29	17	12	29			29					
Old Age			2	2	2										
Homicide		1	2	3	1	2		1		3		1	3	4	
Undefined Causes		1	2	3	2	1	2			2		1		1	
Unrecorded			18	50	28	22	5			8			8		13

DEPARTMENT OF HEALTH

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The present population of the fourteenth ward is estimated for these calculations at 35,465.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including Deaths at Soho and Verona Sanatoria **SIXTEENTH WARD, 1925**

CAUSES	Yellow	Colored	White	Total deaths	Male	Female	Under 1 Year	1 to 4 Years	5 to 14 Years	15 to 24 Years	25 to 44 Years	45 to 64 Years	65 and over
Total, All Causes		5	404	409	11	297		2	6	35	1	66	157
Infantile Paralysis			2	2	1		1		1				1
Typhoid Fever		1		1	1								
M. r.													
Smallpox													
Measles													
Scarlet Fever													
Whooping Cough			1	1		1				1			
Diphtheria			2	2	1	1				1			
Influenza			1	1	1								
Other Epidemic Diseases													
Tuberculous Meningitis		1	22	23	14	9				1	6	10	
Other Tuberculosis			1	1		1						1	
Cancer, Malignant Tumor		1	51	52	34	18						11	8
Simple Meningitis													
Arteriosclerosis of the Brain			38	38	13	25						1	1
Organic Heart Disease			74	74	13	61						1	1
Bronchitis			5	5	4	1	1					1	1
Pneumonia		1	8	9	6	3				1		1	1
Other Respiratory Diseases			4	4		4							
Diseases of the Stomach (Cancer exc'd)			2	2		2			1	1		1	
Diseases of the Intestines			3	3		3							
Diseases of the Liver			9	9	4	5			1	1			
Diseases of the Gallbladder			3	3	1	2							
Diseases of the Kidneys and Nephritis			3	3		3							
Diseases of Women (not Cancer)			23	23		23						1	1
Puerperal													
Other Puerperal Diseases			1	1		1							
Congenital Deformity and Malformation		1	14	15	8	7	15			15			
Age			6	6		6							
Homeicide			18	18	0	18							
Suicide			6	6	4	2							
Ill-defined Causes			4	4		4							
All Other Causes			75	75	11	64							

The death rate for the sixteenth ward was 10.4 per 1,000 of population, as against 9.4 for the previous year. The present population of the sixteenth ward is estimated for these calculations at 39,256.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
UNKNOWN ADDRESSES AND UNIDENTIFIED PERSONS, 1925

CAUSES	White	Colored	Male	Female	Under 5	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total All Causes	19	21	19	2	1	1	1	1	1	1
Infantile Paralysis										
Typhoid Fever										
Malaria										
Small pox										
Scarlet Fever										
Whooping Cough										
Diphtheria										
Influenza										
Epidemic Meningitis (Cerebro Spinal)										
Other Epidemic Diseases										
Tuberculosis of Lungs (Consumption)	1	4	5	4	1			1	3	1
Tuberculous Meningitis										
Other Tuberculosis										
Cancer, Malignant Tumor										
Simple Meningitis										
Apoplexy—Softening of the Br.										
Organic Heart Disease	1	4	4							4
Bronchitis										
Pneumonia, Lobar										
Pneumonia, Bronch.										
Other Respiratory Diseases	1		1	1				1		
Diseases of the Stomach (Cancer exc'd)										
Diarrhoeal Diseases (under 5 years)										
Cerebrovascular Diseases										
Diseases of Women (not Cancer)										
Other Puerperal Diseases										
Congenital Debility and Malformation										
Old Age										
Accident										
Homicide	1	1								
Suicide										
Undefined Cause										
All Other Causes	1		1							

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR Including deaths at Soho and Verona Sanatorium and Non Residents

JANUARY, 1925

CAUSES	Ye- low	Col- ored	White	Tota deaths	Males	Fe- males	Under 1 Year	1 and Under 2	2 and Under 5	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Infantile Paralysis															
Typhoid Fever			1	1	1								1		
Scarlet Fever															
Dysentery			1	1											
Epidemic Typhus															
Measles															
Scarlet Fever															
Crouping Cough		1	1	2	1	1	1			2					
Diphtheria		1	5	6	1	5	1			3	1	1	1		
Influenza			2	2	2		1			1				1	
Other Epidemic															
Tuberculous Meningitis		1	2	2		2	1		1	2					
Other Tuberculosis															
Cancer, Malignant Tumor	1		43	47	26	21									
Simple Meningitis		1	2	3	3				2						
Other Diseases			1	1											
Pneumonia, Lobar		13	35	48	32	16	5	1		6			1	10	1
Pneumonia, Bronchopneumonia		4	17	21	10	11		1	1	1					
Other Respiratory Diseases		1	6	7	5	2	1			2					
Diseases of the Stomach (Cancer exc'd)		1	5	6	4	2									
Diarrhoeal Diseases (under 5 years)			9	9	5	4	7	2		9					
Diarrhoea and Typhilitis			4	4	2	2	1			1					
Hernia, Intestinal Obstruction			3	3	3										
Cirrhosis of Liver															
Diseases of Women (not Cancer)		2	58	60		2							1	10	0
Puerperal Septicaemia			1	1		1									
Other Diseases															
Congenital Deformity and Malformation		2	35	37	23	14	3								
Old Age			1	1		1									
All Causes			24	24	18	6						1	8		1
White		1	4	5	2	3									
Colored			5	5	4	1									
Male			1	1	1		1			1					
Female		3	78	81	36	45	10			1	4	1	1		
Total															
Total for 1924				155	71	88	0	1	1	18	10	1	81	2	04

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX AGE AND COLOR
Including deaths at State and Verona Sanatorium and Non-Resident
FEBRUARY, 1925

CAUSES	Yellow fever	Cholera	White dysentery	Native birth	Foreign birth	Under 1 Year	1 and Under 5	5 and Under 10	10 Years	15 Years	25 Years	45 Years	65 and Over	
Total, All Causes	4	48	352	424	241	183	57	8	8	73	17	22	73	132
Infectious Diseases														
Typhoid Fever														
Typhus														
Scarlet Fever														
Measles		1	1	1	1	1				1				
Whooping Cough		1	1	2	1	1				1	1			
Influenza			1	1	1	1				1				
Epidemic Meningitis (Cerebro Spinal)														
Other Epidemic Diseases														
Tuberculosis of Lungs (Consumption)		7	27	34	19	15				3	10	11	6	4
Tuberculous Meningitis														
Other Tuberculosis			4	4	3	1			1	1			2	
Cancer, Malignant Tumor	3	1	35	39	20	19				1		6	22	11
Simple Meningitis		1	4	5	2	3	2		1	3			1	1
Apoplexy Softening of the Brain		2	25	27	16	11						2	9	16
Organic Heart Disease		1	56	57	42	15				1	1	5	25	25
Bronchitis			3	3	3	3	1			1				2
Pneumonia, Lobar		10	27	37	20	17	4	2		6	1	11	17	4
Pneumonia, Broncho		2	20	22	9	13	7	5	1	13	1	3	7	1
Other Respiratory Diseases	1	6	7	4	3						1	2	3	1
Diseases of the Stomach (Cancer exc'd)	1	1	3	5	5		2			2			3	
Diarrhoea, Diseases (under 5 years)		1	4	5	1	4	5			5				
Appendicitis and Typhlitis			5	5	1	4			1	1	1		2	
Hernia, Intestinal Obstruction			3	3	3								2	
Bright's Disease and Nephritis		2	27	29	14	15						2	1	
Puerperal Septicæmia			1	1		1						1		
Other Puerperal Diseases														
Accidents, Poisoning and Miscellaneous		1	20	21	14					1				
Age			4	4	2									
Sex			17	19	12		1		1	1	1	1	1	1
Race		1	3	1	2		1			1			1	1
Ill-defined Causes			3	3	2	1								
All Other Causes		12	58	70	39	31	8		1	2	1	4	6	19
Total, February 1924	3	39	36	48	216	127	19	6	11	66	14	26	83	16

The death rate for the month was 10.9 per 1,000 of population, as against 14.4 for the previous month. The present population of Newark is estimated for these calculations at 453,000 the death rate for the month of February, 1924, was 12.9 estimated population, 446,000.

It was found that S_{H} and V_{H} are $S_{\text{H}} = 0.001$ mm and $N_{\text{H}} = 0.001$ mm.

MARCH 1925

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX AGE AND COLOR
Including deaths at Soho and Verona Sanatorium and Non-Residents APRIL, 1925

CAUSES	Yel- low	Col- ored	White	Total deaths	Male	Fe- male	Under 1 Year	1 and Under 5	2 and Under 5	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total, All Causes	1	61	441	503	272	231	53	15	25	93	23	19	99	147	122
Infantile Paralysis															
Typhoid Fever															
Malaria															
Smallpox															
Measles			3	3	3				1	1					
Scarlet Fever			2	2		2			1	1	1				
Whooping Cough		2	1	3	2	1	1		2	3					
Diphtheria			4	4	3	1		2	1	3	1				
Influenza			1	1											
Epidemic Meningitis (Cerebro Spinal)															
Other Epidemic Diseases															
Tuberculosis (Consumption)	1	8	17	26	18	8				1	1	5	16	2	1
Tuberculosis Meningitis		1	4	5	3	4			1	1	3		1		
Tuberculosis of Lungs		1	1	2	1	2						1			
Cancer, Malignant Tumors		2	27	29	11	18							5	15	9
Simple Meningeal															
Apoplexy, Stroke, etc. Brain		3	28	31	16	15							1	14	17
Coronary Heart Disease		5	82	87	47	40	1		1	2	2		9	40	34
Blood Poison		1	8	9	6	3	1			1	1		1	1	5
Pneumonia, Lobar		7	41	48	29	19	1	3	3	7	2	3	13	3	10
Pneumonia, Broncho		9	22	31	16	15	9	2	5	16	1	1	3	8	2
Other Respiratory Diseases			7	7	3	4							1	1	5
Diseases of the Stomach (Cancer exc'd)			3	3	3								1	1	
Diarrhoeal Diseases (under 5 years)			7	7	4	3	1		1	7			1	2	
Appendicitis		1	6	7	4	3		1		1	1	1	2	2	
Hepatitis			2	2	1	1							2		
Gastritis			1	1	1										
Bronchitis		5	26	31	12	19	1			1	1		6	12	11
Dysentery		1	1	2	2								1	1	
Puerperal Septicaemia		1		1		1							1		
Other Puerperal Diseases		1	2	3	3							2			
Craniotuberculosis Malignant		5	28	33	21	12	14			14			1		
Accident		2	30	32	24	8			5	5	2	2	15	5	4
Homicide			2	2	1	1						1	1		
Suicide			6	6	4	2							6		
Ill-defined Causes		2	1	3	2	1	2	1		3					
All Other Causes		4	74	78	38	40	3		4	6	5	3	13	30	21
Total	1	62	426	489	280	209	53	15	29	93	23	19	102	140	116

The death rate for the month was 13.1 per 1,000 of population, as against 13.9 for the previous month. The present population of Newark was estimated to be 446,000. The death rate for the month of April, 1924, was 13.0 estimated population, 446,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX AND COLOR
 Including deaths at Soldiers and Veterans Hospitals and Naval Reserves
 MAY, 1925

CAUSES	Yellow	Colored	White	Total deaths	Males	Females	Under 1 Year	1 and Under 2	2 and Under 5	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total, All Causes	2	69	404	475	247	228	73	16	13	102	14	25	106	137	91
Infantile Paralysis															
Diphtheria															
Measles															
Scarlet Fever															
Diphtheria															
Influenza															
Other Epidemic Diseases															
Tuberculous Meningitis															
Other Tuberculosis															
Apoplexy Softening of the Brain															
Organic Heart Disease															
Brain Disease															
Other Respiratory Diseases															
Hernia, Intestinal Obstruction															
Cirrhosis of Liver															
Bright's Disease and Nephritis															
Puerperal Septicæmia															
Other Puerperal Diseases															
Alcoholism															
Suicide															
Ill-defined Causes															
Total, May, 1925															

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including deaths at St. Joe and Vermont Sanatorium and Non-Residents JUNE, 1925

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including deaths at Soho and Verona Sanatorium and Non-Residents AUGUST, 1925

CAUSES	Under 15	Colored	Deaths	Males	Females	Under 1 Year	1 and Under 2	2 and Under 5	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total All Causes		44	349	393	205	188	68	1	9	99	10	9	101	90
Infantile Paralysis			1	1		1								
Typhoid Fever			1	1								1		
Malaria														
Scurvy														
Scarlet Fever														
Diphtheria														
Whooping Cough														
Measles														
Polio														
Smallpox														
Scarlet Fever			1	1		1								
Diphtheria			1	3	2	2	1	1						
Whooping Cough			1	2										
Measles				1	1	1	1							
Polio				1		1								
Smallpox														
Scarlet Fever			6	15	21	12	9				4	16		1
Diphtheria				1	1	1								
Whooping Cough				1	2	1								
Measles			1	1	1	1								
Polio														
Smallpox														
Scarlet Fever			1	1	1	1								
Diphtheria			2	45	47	21	26						22	16
Simple Meningitis				1	1	1								
Septic Meningitis				1	1	1								
Organic Heart Disease			2	10	11	9	8							10
Bronchitis			2	62	64	27	37	2			3	6	23	28
Pneumonia, Lobar				2	2	1	1							1
Pneumonia, Broncho			2	8	10	5	5	1					3	1
Other Respiratory Diseases			3	7	10	4	6	4						1
Diphtheria, Scarlet Fever				3	3	3		1						2
Appendicitis and Typhilitis			1	1	1	1								
Cholera			1	1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis			3	18	21	13	8						1	
Leucemia				1	1	1								10
Puerperal Septicaemia														
Other Puerperal Diseases				0	0	0						6	1	
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								
Puerperal Septicaemia														
Other Puerperal Diseases														
Cholera				1	1	1								
Carbuncles of Liver				1	1	1								
Bright's Disease and Nephritis				2	2	2								
Leucemia				2	2	2								

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR

For the months of September, October, November and December, 1907

CAUSES	M				Under 1 and 2 and		Under 5		15	25	45	65	
	36	129	365	192	173	62	8	75	17	15	61	114	83
		3	3	1	2	1	1	2	1		1		
		1	1		1								
Whooping Cough		2	2	2		2		2					
Diphtheria		2	3	1	2	1	1	2	1				
Influenza	1	2	3	1	2								
	3	11	14	9	5					3	6	5	
		2	2	2			2	2					
		3	3	2	1	2						1	
Cancer, Malignant Tumor	2	46	48	21	27				1		4	25	18
					1								
Pneumonia		1	1	1	1								
Pneumonia, Lobar		7	7	6	1	2		2			2	3	
Pneumonia, Broncho	1	7	8	5	3	4	1	5			1	2	
Diseases of the Stomach, Cancer excld		5	5	2	3					1		1	3
Diarrhoea, Diseases under 5 years,	4	17	21	14	7	20	1	21					
Appendicitis and Typhlitis		5	5	2	3					1		2	2
Cirrhosis of Liver		3	3	1	2							2	1
Bright's Disease and Nephritis	3	22	25	12	13	1		1		2	3	9	10
Other Puerpera, Diseases		5	5		5					2	3		
		5	5										
		1	1		1								
		3	3	3							1		
All Other Causes	6	45	51	26	25	2	1	3	3	1	15	17	10

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
Including deaths at Soldiers and Veterans, Sanatorium and Nephrocentric

OCTOBER, 1925

CAUSES	Year	Col	White	Male	Female	Under 1	1 and 14	14 and 18	Under 18	18 to 24	24 to 34	34 to 44	44 to 64	64 and over
Total, All Causes	39	391	430	239	191	53	7	12	72	16	40	84	121	99
Infantile Paralysis														
Typhoid Fever			1	1							1			
Smallpox														
Scarlet Fever														
Whooping Cough			1	1			1		1					
Diphtheria														
Other Epidemic Diseases														
Tuberculous Meningitis	1	1		2	1				1	1				
Other Tuberculosis	2			2	1				1	1				
Cancer, Malignant Tumor	1	45	46	16								11		14
Simple Meningitis	1	3	4	4										
Apoplexy Softening of the Brain	1	25	26	7	19									
Organic Heart Disease	3	63	66	40	26									
Bronchitis	1	4	5	3	2									
Pneumonia Broncho	3	9	12	7	5	2				2				
Other Respiratory Diseases	2	5	7	6	1	3	1	1	5					
Diseases of the Stomach (Cancer exc'd)	1	6	7	4		1			2					
Diarrhoea, Diseases (under 5 years)	1	6	7	2	5		2		7					
Appendicitis and Typhlitis	1	5	6	5		5								
Hernia Intestinal Obstruction		2	2	2										
Cirrhosis of Liver		1	1											
Bright's Disease and Nephritis		20	20	9	11				1	1				
Diseases of Women (not Cancer)		1	1											
Puerperal Septicaemia		2	2											
Other Puerperal Diseases		1	5	6										
Accident		33	35	1										
Homicide		3	25	22	6				2					
Suicide			5	5										
Undeclared Causes		1	1	1					1					
All Other Causes		7	75	82	28	5	2	1	9					
October 1924	10	34	38	19	19	3	8	5	66	15	34	101	98	

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The death rate for the month was 11.6 per 1,000 of population, based on 453,000 the death rate for the month of October, 1924, was 10.0 estimated population 446,000.

Mortality Statistic of Newark

FOR THE YEAR 1925

INCLUDING NON RESIDENT DEATHS ARRANGED TO
GIVE DISEASE AGE AND SEX ACCORDING TO IN-
TERNATIONAL CLASSIFICATION, COMPILED BY
THE DIVISION OF VITAL STATISTICS, DE-
PARMENT OF HEALTH, NEWARK, N. J.

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1925

Including Deaths from Deaths Arranged to give disease and age according to International Classification

CAUSES OF DEATH	Under 5				To 50										Over 50										
	Age	Rate	Deaths	Rate	Age	Rate	Deaths	Age	Rate	Deaths	Age	Rate	Deaths	Age	Rate	Deaths	Age	Rate	Deaths	Age	Rate	Deaths	Age	Rate	Deaths
Mortality from All Causes	9.1	10.5	63	28	22	20	558	71	45	61	66	74	175	65	209	23	228	258	253	135	51	103	66	27	10
Epidemic, Endemic and Infectious																									
Diseases, Causes	4.6	1.2	12	7	5	4	56	15	7	12	0	20	75	33	44	3	25	11	15	11	4	1			
Gravel, Diseases, Causes	4.6	8	1	1	16	8	5	5	12	9	12	19	31	30	4	62	44	29	13	5	1				
Diseases, Causes	2	8	5	3	1	17	5	4	7	1	5	2	8	11	22	7	30	31	22	14	8	1	1		
Diseases, Causes	5.5	8	1	2	1	17	8	8	8	3	9	30	46	40	64	72	67	55	53	40	36	16	6		
Diseases, Causes	4.1	0	5	3	8	5	121	8	6	8	1	14	3	41	41	44	26	19	23	20	5	10	6	4	
Diseases, Causes	2.5	2	3	2	2	77	10	2	6	2	11	1	21	16	19	11	7	6	4	1					
Non-venereal Diseases of Gen.to Urinary																									
Syphilis	26	1			1	4	3	1	3	5	9	15	18	15	26	25	30	1	15						
Diseases of Skin and Cellular Tissue	16	2			2																				
Diseases of Bones and Organs of																									
Locomotion	4	1	1	1	3																				
Malignant	18	5	3		28																				
Early Infancy	197	197			197																				
Old Age	9																								
External	3	6	5	1	8	21	16	12	14	1	33	36	34	28	26	15	19	13	4	1					
Ill Defined Causes	37	13	1	1	1	16																			
Epidemic, Endemic and Infectious																									
Diseases	3.6	1.2	12	7	5	4	50	3	7	1	20	0	23	33	44	37	25	11	15	11	4	1			
Tuberculosis	4																								

MAY MORTALITY FIGURES NEWARK FOR YEAR 1927

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CAUSE OF DEATH	Ages	Under 5				Total Under 5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
		1	2	3	4		9	14	19	24	29	34	39	44	49	54	59	64	69	74	79	84	89	over
Malaria		1	1	1		3																		
Scarlet Fever		2			1	1			1															
Whooping Cough		11	6	3	1	1	11			1														
Influenza		8	2	1		3									2	1		2						
Measles		5	1	1	1	3	1	1																
Measles and Measles		5	1						1							3								
Measles and Measles		1																						
Measles and Measles		6				1						1												
Tuberculosis Intestines and																								
Tuberculosis of Vertebral Column		3									1			1				1						
Tuberculosis of Joints		1				1																		
Tuberculosis of Other Organs		2	1			1											1							
Disseminated Tuberculosis		2					1	1							1									
Purulent Infection Septicaemia		26	3			3	1				2	2	3	1	5	3		3	1	1	1			

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1925—Continued

CAUSES OF DEATH	Total	Under 1	1	2	3	4	To 5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
General Diseases	337	8		1			10	8	3	3		12	9	12	19	31	30	41	63	13	18	15	5	1	
Cancer of Blood Vessels	10														2	1	1		1	1	2				
Cancer of Liver and Stomach	111						1					1	2	2	5	9	7	19	30	22	15	5		1	
Cancer of Peritoneum and Intestines	33													2		3	2	6	5	9	4	2			
Cancer of Skin	2																		2						
Cancer of Unpaired Organs	68						1					1			5		6	13	15	5	5	5	3		
Benign Tumors	1														1										
Acute Rheumatic Fever	6								2	2				1				1							
Chronic Rheumatism	3																	1	1						
Rickets	1			1			1																		
Diabetes Mellitus	29					1	1					3				3	1	5	9	3	2	1	1		
Pernicious Anaemia	12												1	1	1	2	2	1	2	2					
Other Anaemias	4	1					1								1				1			1			
Exophthalmic Goitre	1																		1						
Diseases of the Thymus Gland	3	3					3																		
Onchocercosis	1																	1							
Leukemia	4									1					1			1							
Alcoholism	1								1									1							
Asphyxiation	2																								
Cerebral Hemorrhage	7											1			3	3	3	4	7	1		1			
Other General Diseases	15	3					3	6				6													

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1925 *continued*

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CAUSES OF DEATH	All Ages	Un- der				To tal un- der 5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
		1	2	3	4		to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	to 89	to 94	to 99	100
Nervous System and Organs of Special Sense	Total	221	8	5	3	1	17	5	4	7	1	2	3	7	8	11	22	27	30	31	22	1	8	1	1	1
1. Meningitis			1																		1					
Simple Meningitis		13	1	2	1		6	1	1	1				1		1		1								
Tuberculous		3												1					1	1						
Other Diseases of Spinal Cord		7		1															3		2					
Cerebral Hemorrhage		2												1												
Cerebral Embolism		5	1				1						1				1				1					
Other Paralysis		7																								
Epilepsy		1													1			7								
Infantile Convulsions—5 yrs. and under		5	4		1		5																			
Other Diseases of Nervous System		14					1		1	3		1			1	3	2			2						
Diseases of Ear		3		2			2							1												
Diseases of Mastoid Process		8	2				2	3						2	1											
2. Diseases of Heart and Blood Vessels		52	8	1		1	8	8	8		1	1	0	36	42	64		17		53	40	36	16	6		6
Ischemic Heart Disease		1																	1							
Endo and Myocarditis Acute		19	3		1	1	5	2	2	2	2			3	1	1		1								
Angina Pectoris		46										1	1	4	8	9	4	9	3	3		1				1
Other Diseases of Heart		41	1				3	6	5	5	4	1	13	26	36	41	53	48	54	30	35	25	1			3

DEPARTMENT OF HEALTH

CAUSES OF DEATH	All Ages	Un- der	1	2	3	4	To- tal Un- der 5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
		1						to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	to 89	and over
Accidents	9												1	1	1			1		1		1			
Arterio Sclerosis	54														1	1	4	3	3	13	8	4	10	5	2
Other Diseases of Arteries	1																				1				
Embolus	39									1	2				3	3	8	6		4	1			2	
Diseases of the Veins	2		1				1										1								
Hemorrhage without Specified Cause	1	1					1																		
Diseases of Respiratory System	Total	410	0	25	13	8	5	121	8	6	8	1	14	12	4	31	34	35	19	23	20	5	10	6	4
Acute Bronchitis		1																				1			
Chronic Bronchitis		12													1	1	1		1	3		1	2	2	
Unspecified		1	13				15															1			
Unspecified, 5 years over		4							1							1				1		1			
Broncho Pneumonia		100	38	12	5	5	1	61	1		1	2	2	2	3	7	4	1	4	6	1	1	2		
Capillary Bronchitis		2			1		1											1							
Lobar Pneumonia		229	18	13	5	2	3	41	6	4	6	7	9	28	25	23	27	19	1	13	6	4	7		
Pleurisy		13			1		1		1		2	1		2	1	1	1	1	1	1					
Congestion of Lungs		13				1	1				1	1				1		3	1	2		1	1	1	
Gangrene of Lungs		2						1							1										
Asthma		6										1			1		1		1	1				1	
Pulmonary Emphysema		1					1	1																	
Other Diseases of the Respiratory System		10									1			2	2	1	1		1	2					

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1925 *continued*

CAUSES OF DEATH	Total	Under Age 1	T																		
			1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other Diseases of Kidneys	23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Calculi of Urinary Passages	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of the Bladder	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of the Urethra	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of the Prostate	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Non-Venereal Diseases Genital Organs—Male	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of Skin and Cellular Tissue—																					
Total	16	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Gangrene	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Furuncle	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute Abscess	9	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of Bones and Organs of Locomotion—																					
Total	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of Bones	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Malformations																					
Total	28	26	2	1	28																
Congenital Hydrocephalus	5	3	2	5																	
Congenital Malformation	9	9	1	9																	
Other Malformation Diseases, Early Infancy	14	14	1	14																	

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1925--Continued

CAUSES OF DEATH	All Ages	Under 15										Total										90 and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Accidents and Homicides	Total	270	6	3	4	8	7	16	7	11	13	14	30	32	31	22	22	12	14	11	10	3																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				</

FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1924 *continued*

CAUSES OF DEATH	All Ages	Un- der 1	1	2	3	4	To- tal un- der 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 to 89	90 and over
		1																							
Epidemic, Endemic and Infectious	Total	371	22	10	10	9	5	1	1	8	28	33	30	15	18	10				5					
Dysentery	1												1												
Typhoid Fever	4	2	2				4																		
Measles	3			1	1		2	1																	
Scarlet Fever	13	7		2	1		3	1																	
Whooping Cough	23	4	3		3		10	8			1		1												
Diphtheria	5	1	2				3								1				1						
Influenza	1																								
Dysentery	11	2					2			1		1			1	1	1	2	1	1					
Acute Atonic Dysentery	3	1		1			2	1																	
Enteritis with Dysentery																									
Cerebro Spinal (Epidemic)																									
Meningitis	3	2		1			3																		
Tetanus	1												1												
Pulmonary Tuberculosis	139							1	5	25	29	24	13	10	13	7	1	3	3	3	2				
Tuberculous Meningitis	14	3	2	2	3		10	3	1																
Tuberculosis of Intestines	4		1				1			1				1			1								
Tuberculosis of Bones	1																								
Tuberculosis of Genito-Urinary System	1															1									
Acute Disseminated Tuberculosis	5			1		2	3	1																	

FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1928—Continued

CAUSES OF DEATH	To-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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DEPARTMENT OF HEALTH

IMPACT OF HEALTH

CAUSES OF DEATH	All Ages	Un- der 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120
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FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1925—Continued

CAUSES OF DEATH	All Ages	Un- der 1	1	2	3	4	Total un- der 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 to 89	90 and over
Other Diseases of the Skin.....	2																1				1				
Diseases of Bones.....	8	1			1		2	2		1			1	1		1									
Amputations.....	1												1												
Malformations.....	151	151					151																		
Congenital Hydrocephalus.....	3	3					3																		
Congenital Malformation.....	5	5					5																		
Other Under Title.....	21	21					21																		
Congenital Debility.....	12	12					12																		
Premature Birth.....	86	86					86																		
Injury at Birth.....	10	10					10																		
Other Diseases Peculiar to Early Infancy.....	14	14					14																		
Senility (Old Age)..... Total.....	39																			3	5	8	6	10	7
Senility.....	39																			3	5	8	6	10	7
External Causes.....																									
Suicides..... Total.....	13												1	2	2	3	2		1	1					1
Suicides by Corrosive Substances.....	4												1	1		1	1								
Suicides by Poisonous Gases.....	7													1		2	1		1	1					1
Suicides by Hanging.....	1														1										
Suicides by Crushing.....	1														1										

FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1925—Continued

CAUSES OF DEATH	All Ages	Un- der 1	1	2	3	4	To- tal un- der 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 to 89	90 and over
Accidents and Homicides.....Total	103	1	6	1	4	5	17	9	1	5	3	6	6	4	4	1	8	8	6	8	3	7	3	2	4
Acute Accidental Poisoning.....	2														2										
Conflagration.....	1																			1					
Accidental Burns.....	17		3		3	1	7	1		1			1				2	1	2	1	1				
Accidental Absorption Poisonous Gases.....	4																	1		1		1	1		
Accidental Traumatism by Firearms.....	1																			1					
Accidental Traumatism by Fall.....	19		2		1	3	6		1	3							1	1	1			2	1	2	1
Accidents by Railroad.....	1																	1							
Trolley Accidents.....	2							1									1								
Automobile Accidents.....	33	1	1	1		1	4	6		1	1		3	3	2	1	3	3	3	1	1		1		
Injuries by Animals.....	1																1								
Excessive Heat.....	11							1				1						1		2	1	4			1
Homicides by Firearms.....	3											2		1											
Homicides by Cutting Instruments.....	1											1													
Homicides by Other Means.....	6										2	2	2												
Fractures (Cause not Specified).....	1																								
III Defined Deaths.....	12	5	2				7	1			1	1				1		1							
III Defined Death Causes.....	12	5	2				7	1			1	1				1		1							

FINANCIAL REPORT FOR YEAR 1925

RECEIPTS

	Tax Approp- riation	Animal Permits	Anti-Toxin Sales	Bacterio- logical Examina- tions	Children Permits	Chicken Slaughter House Permits	Ice Licenses	Milk Licenses	Milk Penalties	Plumbing Permits	Plumbers' Licenses	Miscel- laneous	Total
City Commissioners.....	\$378,000.00												\$378,000.00
Sanitary Division.....		\$ 13.00			\$1,133.00	\$1,690.00	\$1,114.50					\$1,177.33	5,127.83
Food and Drug Division.....								\$4,660.50	\$ 925.00				5,585.50
Plumbing Division.....										\$6,214.00	\$3,020.00	380.00	9,614.00
Laboratories Division.....			\$ 53.00	\$ 973.70									1,026.70
Total.....	378,000.00	13.00	53.00	973.70	1,133.00	1,690.00	1,114.50	4,660.50	925.00	6,214.00	3,020.00	1,557.33	399,354.03

DISBURSEMENTS

DIVISIONS	Salaries	Heat, Light, Power, Tele- phones	Furniture and Fixtures	Improve- ments and Repairs	Printing, Stationery, Postage	Traveling, car fares,	Janitors' Supplies	Stable Expenses	Drugs and Surgical Supplies	Auto- mobiles and Motor- cycles	Automobiles and Motorcycle Main- tenance	Miscel- laneous	Total
Administration.....	\$ 36,879.06	\$2,778.31	\$ 281.66	\$ 448.13	\$ 1,843.99	\$ 150.34	\$ 352.43				\$ 322.16	\$ 573.96	\$ 45,609.96
Sanitary.....	74,471.98				152.75	273.16				368.00	182.40	535.02	76,003.31
Contagious Diseases.....	2,641.45				1,263.98							*2,751.42	6,656.85
Disinfecting.....	30,955.99				224.34							†1,355.71	32,536.04
Laboratories.....	30,773.60		221.39		722.35			1,606.00			600.00	3,426.53	37,349.77
Tuberculosis.....	22,714.63				110.18	318.80						308.82	23,452.43
Food and Drug.....	47,642.33				1,432.66	2,148.05					1,440.00	1,338.73	54,001.67
Plumbing.....	19,825.72				205.50	447.60						261.75	20,740.57
Child Hygiene.....	37,897.83	86.52		39.94	445.54	160.40	12.30					†1,872.89	40,521.42
District Doctors.....	5,710.20												5,710.20
Parochial Schools.....	9,736.84				34.20	269.60						17.01	10,057.65
Dispensary.....	27,749.36		215.25	557.07	117.40	109.25			5,431.69			391.10	34,571.12
Total.....	\$346,998.89	\$2,864.83	\$ 718.20	\$1,045.14	\$8,512.89	\$3,863.10	\$ 364.75	\$1,606.00	\$5,431.69	\$ 368.00	\$2,544.56	\$12,852.94	\$ 387,210.99

* Includes 1,140.00 for Station Rents.

† Includes 1,211.04 for Disinfectants.

* Includes 2,059.50 for reporting Contagious Diseases.

